

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000075228

Entity Name: SALVINVEST GLOBAL LLC

FILED
Jun 19, 2009
Secretary of State

Current Principal Place of Business:

3RD FLOOR, GENEVA PLACE, WATERFRONT DRIVE
ROAD TOWN, TORTOLA
BRITISH VIRGIN ISLANDS, BV 1075 BV

Current Mailing Address:

3RD FLOOR, GENEVA PLACE, WATERFRONT DRIVE
ROAD TOWN, TORTOLA
BRITISH VIRGIN ISLANDS, BV 1075 BV

New Principal Place of Business:

CLARENCE THOMAS BUILDING
ROAD TOWN, TORTOLA
BRITISH VIRGIN ISLANDS, BV 4649 BV

New Mailing Address:

CLARENCE THOMAS BUILDING
ROAD TOWN, TORTOLA
BRITISH VIRGIN ISLANDS, BV 4649 BV

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLORIDA FILING & SEARCH SERVICES INC.
155 OFFICE PLAZA DRIVE, SUITE A
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: WESTA HOLDING LTD.
Address: 3RD FLOOR, GENEVA PLACE, WATERFRONT DRIVE
City-St-Zip: ROAD TOWN, TORTOLA, BVI, BV 1075 BV

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: WESTA HOLDING LTD.
Address: CLARENCE THOMAS BUILDING
City-St-Zip: ROAD TOWN, TORTOLA, BVI, BV 4649 BV

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: WESTA HOLDING LTD. MGR 06/19/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date