


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 24, 2008 8:00 am**  
**Secretary of State**

04-24-2008 90013 008 \*\*\*138.75

<b>DOCUMENT # L07000086046</b>	
1. Entity Name <b>TEVIAL INTERNATIONAL, LLC</b>	

Principal Place of Business <b>18851 NE 29TH AVENUE, STE. 900 AVENTURA, FL 33180</b>	Mailing Address <b>18851 NE 29TH AVENUE, STE. 900 AVENTURA, FL 33180</b>
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2. Principal Place of Business - No P.O. Box # <b>2379 NW 97 Ave.</b>	3. Mailing Address <b>2379 NW 97 Ave.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <b>Doral FL</b>	City & State <b>Doral FL</b>
Zip <b>33172</b>	Country <b>U.S.</b>
Zip <b>33172</b>	Country <b>U.S.</b>



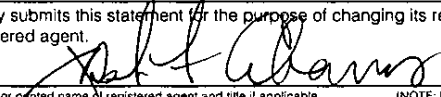
04172008 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>26-0777567</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent <b>ROTH, LEONARDO A ESQ. ROTH, ROUSSO &amp; KATSMAN, LLP 18851 NE 29TH AVENUE, STE. 900 AVENTURA, FL 33180</b>	7. Name and Address of New Registered Agent Name <b>Cabanas &amp; Associates, P.A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>12520 NW 26 St. - Ste. C 201</b> City <b>Doral FL</b> Zip Code <b>33172</b>
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8. 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. I am familiar with, and accept the obligations of registered agent.

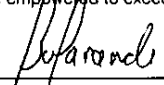
SIGNATURE  **Joseph F. Cabanas April 18/08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when installing) DATE

<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SPORTIELLO COPPOLA, MICHELE <input checked="" type="checkbox"/> Delete 18851 NE 29TH AVENUE, STE. 900 AVENTURA, FL 33180	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Tevial C, A. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Ave. Los Leones - CTRO Com. Rio Lama - #42 Barquisimeto, Venezuela
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CRUZ DE SPORTIELLO, FANNY <input checked="" type="checkbox"/> Delete 18851 NE 29TH AVENUE, STE. 900 AVENTURA, FL 33180	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SPORTIELLO CRUZ, ANTONIO <input checked="" type="checkbox"/> Delete 18851 NE 29TH AVENUE, STE. 900 AVENTURA, FL 33180	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SPORTIELLO CRUZ, VERONICA <input checked="" type="checkbox"/> Delete 18851 NE 29TH AVENUE, STE. 900 AVENTURA, FL 33180	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BOCARANDA COLMENARES, GUSTAVO <input type="checkbox"/> Delete 18851 NE 29TH AVENUE, STE. 900 AVENTURA, FL 33180	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Bocaranda Colmenares, GUSTAVO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2379 NW 97 Ave. Doral, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:**  **4/18/08 (305) 594 5707**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

**Gustavo Bocaranda**