

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000089835

FILED  
Jan 07, 2008  
Secretary of State

Entity Name: CORAVCA DISTRIBUTIONS, LLC

**Current Principal Place of Business:**

4608 NW 114 AVE  
1102  
MIAMI, FL 33178

**New Principal Place of Business:**

**Current Mailing Address:**

4608 NW 114 AVE  
1102  
MIAMI, FL 33178

**New Mailing Address:**

FEI Number: 41-2251255

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CASTRO, NOHORA  
780 NW 42 AVE  
4  
MIAMI, FL 33126 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: MGRM ( ) Delete  
Name: CORADO, DIEGO  
Address: 4608 NW 114 AVE # 1102  
City-St-Zip: MIAMI, FL 33178

Title: MGRM ( ) Delete  
Name: VILLARROEL, ROSA  
Address: 4608 NW 114 AVE # 1102  
City-St-Zip: MIAMI, FL 33178

Title: MGRM ( ) Delete  
Name: AGUIRRE, ALBERTO  
Address: 4001 NW 97TH AVENUE, SUITE 301-D  
City-St-Zip: MIAMI, FL 33178

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ROSA VILLARROEL

MGRM

01/07/2008

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