

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000094125

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: PASEOS AMAZONICOS INTERNACIONAL, LLC

**Current Principal Place of Business:**

9704 HAMMOCKS BLVD., APT. 103  
MIAMI, FL 33196

**New Principal Place of Business:**

**Current Mailing Address:**

9704 HAMMOCKS BLVD., APT. 103  
MIAMI, FL 33196

**New Mailing Address:**

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

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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: SERRA DE PENA, LUZ  
Address: 9704 HAMMOCKS BLVD., APT. 103  
City-St-Zip: MIAMI, FL 33196

Title: S ( ) Delete  
Name: SERRA DE PENA, LUZ  
Address: 9704 HAMMOCKS BLVD., APT. 103  
City-St-Zip: MIAMI, FL 33196

**ADDITIONS/CHANGES:**

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: LUZ SERRA DE PENA                      MGR                      04/30/2008

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