

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000117435

Entity Name: INVERSIONES KALUCA LLC

FILED
Apr 23, 2009
Secretary of State

Current Principal Place of Business:

2999 NE 191ST ST STE 608-C
MIAMI, FL 33180

New Principal Place of Business:

Current Mailing Address:

2999 NE 191ST ST STE 608-C
MIAMI, FL 33180

New Mailing Address:

FEI Number: 26-1467667

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FARRA, JUDITH D CPA
DAL FARRA CO. INC
1465 NW 97TH AVE
MIAMI, FL 33172 US

Name and Address of New Registered Agent:

BIEBERACH, CARMEN
2999 NE 191ST STREET
SUITE # 608-C
AVENTURA, FL 33180 US

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: CARMEN BIEBERACH

04/23/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KATZ, GUILLERMO M
Address: 2999 NE 191ST ST STE 608-C
City-St-Zip: MIAMI, FL 33180

Title: MGRM () Delete
Name: KATZ, ROBERTO B
Address: 2999 NE 191ST ST STE 608-C
City-St-Zip: MIAMI, FL 33180

Title: MGRM () Delete
Name: KATZ, RICARDO D
Address: 2999 NE 191ST ST STE 608C
City-St-Zip: MIAMI, FL 33180

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: GUILLERMO KATZ

MGRM

04/23/2009

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