

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000013178

FILED
Jan 22, 2009
Secretary of State

Entity Name: BODEGA INTERNATIONAL GROUP, LLC

Current Principal Place of Business:

5220 NW 72 AVENUE, STE. 23A
MIAMI, FL 33166

New Principal Place of Business:

Current Mailing Address:

5220 NW 72 AVENUE, STE. 23A
MIAMI, FL 33166

New Mailing Address:

12656 N. 120TH PLACE
SCOTTSDALE, AZ 85259

FEI Number: 26-1884871

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CHAVES, JESUS MARIO
3530 MYSTIC POINTE DRIVE, APT. 2712
AVENTURA, FL 33180 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: CHAVES, JUAN D
Address: 12656 N. 120TH PLACE
City-St-Zip: SCOTTSDALE, AZ 85259

Title: MGRM () Delete
Name: CHAVES, JESUS MARIO
Address: 3530 MYSTIC POINTE DRIVE, APT. 2712
City-St-Zip: AVENTURA, FL 33180

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

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

Title: MGRM () Change (X) Addition
Name: GONZALEZ, JAIRO
Address: 3521 E. ROBIN LANE
City-St-Zip: PHOENIX, AZ 85050

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: JUAN CHAVES

MGRM

01/22/2009

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