2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000013915

Entity Name: COEMCA GLOBAL GROUP, LLC

URB LOAS GAVIOTAS C 4 A-5 # 20

BARQUISIMETO, LA 1071 VZ

Address:

City-St-Zip:

FILED Apr 21, 2009 Secretary of State

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
	SILVER PINE, D1 Y, FL 34990 US			
Current Mailing Address:		New Mailing Addres	New Mailing Address:	
	SILVER PINE, D1 Y, FL 34990 US			
FEI Number	: 26-1914306 FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	I Address of Current Registered Agent	Name and Address	of New Registered Agent:	
1605 SW 8	DI, HAROLDO SILVER PINE D1 Y, FL 34990 US			
	named entity submits this statement for the of Florida.	ne purpose of changing its registere	ed office or registered agent, or both	
SIGNATU	RE:			
	Electronic Signature of Registered	Agent	Date	
MANAGING MEMBERS/MANAGERS:		ADDITIONS/CHANGES:		
Title: Name: Address: City-St-Zip:	MGR () Delete RIVAS, ADOLFO RES CAMINO REAL P.3 APT 14B CARACAS, DC 1020 VZ	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MGRM () Delete OCHOA, GLADYS RES. LAS FLORES EDF AMAPOLA P6 # 64 CARACAS, DC 1020 VZ	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MGRM () Delete ARISMENDI, HAROLDO 1605 SW SILVER PINE D1 PALM CITY, FL 34990 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MGRM () Delete RODRIGUEZ, GUIRMER RES.ALMENDROS P3 APT 3 B TORRE 2 LOS DOS CAMINOS, DC 1071 VZ	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	MGRM () Delete NORIEGA, LUZ M	Title: Name:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: ADOLFO RIVAS MGMR 04/21/2009