

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000101567

FILED
Apr 27, 2011
Secretary of State

Entity Name: C.I. INTERNATIONAL FUELS, LLC

Current Principal Place of Business:

5201 BLUE LAGOON DRIVE 8TH FLOOR
SUITE # 885
MIAMI, FL 33126

New Principal Place of Business:

5201 BLUE LAGOON DRIVE 8TH FLOOR
SUITE 885
MIAMI, FL 33126

Current Mailing Address:

5201 BLUE LAGOON DRIVE 8TH FLOOR
SUITE # 885
MIAMI, FL 33126

New Mailing Address:

5201 BLUE LAGOON DRIVE 8TH FLOOR
SUITE 885
MIAMI, FL 33126

FEI Number: 30-0597682

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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:

M & M ASSOCIATES GROUP CORP
2851 WEST 68TH STREET
SUITE 7
HIALEAH, FL 33018 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: RICARDO MARTINEZ

04/27/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: OCHOA MUÑOZ, JAIME A 70%
Address: 6420 NW 114TH AVE., SUITE 1323
City-St-Zip: MIAMI, FL 33178

Title: S
Name: OCHOA MUÑOZ, JAIME A
Address: 6420 NW 114TH AVE., SUITE 1323
City-St-Zip: MIAMI, FL 33178

Title: MGMR
Name: ROA, MARIA MERCEDEZ 25%
Address: 6420 NW 114TH AVE., SUITE 1323
City-St-Zip: MIAMI, FL 33178

Title: MGRM
Name: MUÑOZ DE OCHOA, YAMILE 5%
Address: 6420 NW 114TH AVE., SUITE 1323
City-St-Zip: MIAMI, FL 33178

I hereby 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: JAIME A OCHOA MUÑOZ

MGRM

04/27/2011

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