

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000054327

FILED
Apr 29, 2011
Secretary of State

Entity Name: BOCATABU PUBLISHING, LLC

Current Principal Place of Business:

555 WASHINGTON AVENUE
SUITE 240
MIAMI BEACH, FL 33139 US

New Principal Place of Business:

Current Mailing Address:

555 WASHINGTON AVENUE
SUITE 240
MIAMI BEACH, FL 33139 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

KREATIVE CONSULTING SERVICES, LLC
6982 SW 164 CT
MIAMI, FL 33193 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
Name: SILADI, GIORGIO
Address: 555 WASHINGTON AVENUE, SUITE 240
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: MGRM
Name: ABREU, MIGUEL
Address: 555 WASHINGTON AVENUE, SUITE 240
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: MGRM
Name: FERNANDEZ, EDUARDO
Address: 555 WASHINGTON AVENUE, SUITE 240
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: MGRM
Name: PONJUAN, CLAUDIA
Address: 555 WASHINGTON AVENUE, SUITE 240
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: MGRM
Name: PATXOT, OSCAR
Address: 555 WASHINGTON AVENUE, SUITE 240
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: MGRM
Name: CAAMAÃ'O, FRANCISCO
Address: 555 WASHINGTON AVENUE, SUITE 240
City-St-Zip: MIAMI BEACH, FL 33139 US

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: EDUARDO FERNANDEZ

MGRM

04/29/2011

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