2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000082439

Entity Name: BRICAS LLC

FILED Feb 09, 2012 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

8871 LAKE DR G-205

CAPE CANAVERAL, FL 32920

Current Mailing Address: New Mailing Address:

8871 LAKE DR

G-205

CAPE CANAVERAL, FL 32920

FEI Number: 90-0599566 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CECILIA, CASTORANI 8871 LAKE DR G-205

CAPE CANAVERAL, FL 32920 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:

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM

 Name:
 CECILIA, CASTORANI

 Address:
 8871 LAKE DR SUITE G-205

 City-St-Zip:
 CAPE CANAVERAL, FL 32920 US

Title: MGRM

 Name:
 MARIANELA, GIMENEZ

 Address:
 8871 LAKE DR SUITE G-205

 City-St-Zip:
 CAPE CANAVERAL, FL 32920 US

Title: MGRM

Name: MAQUEZ, JIMENA

Address: VICTOR MARTINEZ 204 CAPITAL FEDERAL City-St-Zip: BUENOS AIRES, ARGENTINA, BA 1406

Title: MGRM

Name: RODRIGUEZ, ALEJANDRA

Address: VICTOR MARTINEZ 204 CAPITAL FEDERAL City-St-Zip: BUENOS AIRES, ARGENTINA, BA 1406

Title: MGRM

Name: VALENCIA, DORA

Address: CALLE MONFORTE #26 PISO 3 City-St-Zip: LUGO, ESPANA, -- 27003 SP

Title: MGRM

Name: TOLEDO, ULISES

Address: VICTOR MARTINEZ 204 CAPITAL FEDERAL City-St-Zip: BUENOS AIRES, ARGENTINA, BA 1406

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 Statues.

SIGNATURE: CECILIA CASTORANI MGRM 02/09/2012

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