

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000107841

FILED  
Mar 18, 2011  
Secretary of State

Entity Name: FERRIBA LLC

**Current Principal Place of Business:**

1435 BRICKELL AVE.  
APT. 3509  
MIAMI, FL 33131 US

**New Principal Place of Business:**

1435 BRICKELL AVE.  
APT. 3509  
MIAMI, FL 33131 US

**Current Mailing Address:**

**New Mailing Address:**

1435 BRICKELL AVE.  
APT. 3509  
MIAMI, FL 33131 US

FEI Number: 27-4824323      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

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

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAKS BLVD.  
SUITE A  
TAMPA, FL 33612 US

VARGAS, ELIZABETH M  
1435 BRICKELL AVE APT 3509  
MIAMI, FL 33131 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: ELIZABETH M VARGAS

03/18/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: FERNANDEZ RIBA, MARIPIA  
Address: 1435 BRICKELL AVE., APT. 3509  
City-St-Zip: MIAMI, FL 33131 US

Title: MGRM  
Name: FERNANDEZ RIBA, XAVIER  
Address: 1435 BRICKELL AVE., APT. 3509  
City-St-Zip: MIAMI, FL 33131 US

Title: MGRM  
Name: RIBA DE FERNANDEZ, SOFIA  
Address: 1435 BRICKELL AVE., APT. 3509  
City-St-Zip: MIAMI, FL 33131 US

Title: MGRM  
Name: FERNANDEZ Y GODARD, JAVIER  
Address: 1435 BRICKELL AVE., APT. 3509  
City-St-Zip: MIAMI, FL 33131 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: JAVIER FERNANDEZ Y GODARD

MGRM

03/18/2011

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