

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000130065

Entity Name: AMELES, LLC

FILED
Feb 25, 2011
Secretary of State

Current Principal Place of Business:

RAMSAY 1899
BUENES AIRES, ARGENTINA CF
1428,

New Principal Place of Business:

RAMSAY 1899
BUENOS AIRES, CF-ARGENTINA, CF 1428 AR

Current Mailing Address:

RAMSAY 1899
BUENES AIRES, ARGENTINA CF
1428,

New Mailing Address:

RAMSAY 1899
BUENOS AIRES, CF-ARGENTINA, CF 1428 AR

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DESIANO, JORGE
3905 SEQUOIA ST.
CORAL GABLES, FL 33134 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: AMETLLA, GILDA N SRA.
Address: RAMSAY 1899
City-St-Zip: BUENOS AIRES- ARGENTINA, CF 1428 AR

Title: MGRM
Name: AMETLLA, RAUL E SR.
Address: RAMSAY 1899
City-St-Zip: BUENOS AIRES- ARGENTINA, CF 1428 AR

Title: MGRM
Name: AMETLLA, GERALDINE SRTA.
Address: RAMSAY 1899
City-St-Zip: BUENOS AIRES- ARGENTINA, CF 1428 AR

Title: MGRM
Name: AMETLLA, BRIAN SR.
Address: RAMSAY 1899
City-St-Zip: BUENOS AIRES- ARGENTINA, CF 1428 AR

Title: MGRM
Name: AMETLLA, CESAR A SR.
Address: RAMSAY 1899
City-St-Zip: BUENOS AIRES- ARGENTINA, CF 1428 AR

Title: MGRM
Name: AMETLLA, NICOLAS A SR.
Address: RAMSAY 1899
City-St-Zip: BUENOS AIRES- ARGENTINA, CF 1428 AR

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: RAUL EDGARDO AMETLLA

MGRM

02/25/2011

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