FILED 2004 08:00 AM

ANNUAL REPORT				Secretary of State		
1. Entity Na	JMENT # L9800000 roa sierra & asociado			Secreta	ly of State	
Principal Place of Business Mailing Address 2 SOUTH BISCAYNE BLVD., SUITE 1810 MAMI, FL 33131 MIAMI, FL 33131-2303			#4874	- 	1888 (1888)	
DO NOT WRITE IN THIS SPA			ICE	01062004 No Chg-LLC CR2E 4. FEI Number 52-2122752 5. Certificate of Status Desired	083 (10/03) Applied For Not Applicable \$5.00 Additional Fee Required	
	6. Name and Address of Curre	ent Registered Agent				
PENINSULA REGISTERED AGENTS, INC. 2 SOUTH BISCAYNE BLVD., SUITE 1810 MIAMI, FL 33131			DO NOT WRITE IN THIS SPACE			
8. The above	ve named entity submits this statemen	t for the purpose of changing its registr	ered office or register	red agent, or both, in the State of Florida. I am	familiar with, and accept	
the obliga	ations of registered agent.					
SIGNATURE	Signature, typed or printed name of registered a	sent and title it applicable. (NOTE, Rogist	ared Agent signature required	s when reinstaling) DATE.		
Filing Fee is \$50.00 Due by May 1, 2004				U00000117960 		
9.		//BERS/MANAGERS				
TITLE	MGRM	IADOS LTDA				
NAME STREET ADDRESS	FIGUEROA SIERRA & ASOCIADOS, LTDA. ADDRESS CALLE 100 NO. 8A-49					
CITY-ST-ZIP	SANTAFE DE BOGOTA D.C.	COLUM,	_			
TITLE						
NAME STREET ADDRESS	s					
CITY-ST-ZIP						
TITLE						
NAME STREET ADDRESS	s					
CITY-ST-ZIP			_	DO NOT WRITI		
TITLE				IN THIS SPACE		
NAME STREET ADDRESS	s					
CRY-ST-ZIP						
HILE			1			
NAME STREET ADDRESS	25					
CITY-ST-ZIP		و د نو	_	= · ·		
TITLE			7			
NAME						

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am a managing member or manager of the limited liability company or the receiver or rusted empowered to execute this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:
SIGNATURE AND TYPED OR PANTED HAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

41504

305-579-0900

Daytime Phone #