

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 20, 2003 8:00 am**  
**Secretary of State**

06-20-2003 90001 017 \*\*\*\*50.00

DOCUMENT # L 99000000812

1. Entity Name

INNOVATION TECHNOLOGY PRODUCTS, L.L.C.



**DO NOT WRITE IN THIS SPACE**

10108051

2. Principal Place of Business

782 N.W. 42ND AVENUE

Suite, Apt. #, etc.

#430

City & State

MIAMI FLORIDA

Zip

33126

Country

USA

3. Mailing Address

782 N.W. 42ND AVENUE

Suite, Apt. #, etc.

#430

City & State

MIAMI FLORIDA

Zip

33126

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0893399

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00** Additional Fee Required

7. Name and Address of Current Registered Agent

Name

LEONART LUIS

Street Address (P.O. Box Number is Not Acceptable)

782 NW 42ND AVENUE

#430

City

MIAMI

FL

Zip Code  
33126

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

6/10/03

**FEE IS \$50.00**

**Make Check Payable to Florida Department of State**

**DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME

S  
CAVICHIO PERES, ROGERIO  
RUA PEDRO BADRA 51 APT #92  
SAO PAULO BRASIL 04348 090

TITLE  
NAME

STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME

MGR  
COSTA PERES FERNANDO  
RUA FUNCHAL 513 CONJ 31 VILA OLIMPIA  
SAO PAULO, SP BRASIL 04551-060

TITLE  
NAME

STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME

STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME

STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME

STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME

STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME

STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME

STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME

STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME

STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 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:

*Rogerio Cavichio Peres*

6/16/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/02)