## LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## FILED May 02, 2003 8:00 am Secretary of State

DOCUMENT  1. Entity Name  Roci Her	1/1			05-02-2003 90581 038 ****50.00					
DO NOT WRITE IN THIS SPACE									
2. Principal Place of Business  1351 NE / Hiami CARDENS D. 3. Mailing Address  13.51 NE Min  Suite, Apt. #, etc.  Suite, Apt. #, etc.				GALL	exsD1	DO NOT WRITE IN THIS SPACE			
Ap 70. 1204 City & State		<i>Αρ Τ0.</i> /20 \$ City & Stāte				4. FEI Number Applied For			
Miami +C.		City & State Mi Ami F			65 095 / YOY NOT		Not Ap	plicable	
733179 Country SA		Zip 33179 Count		SA 5. C		5. Certificate of Status Desire	re of Status Desired		al
		7. Name and Address of Current Registered Agent							
DO NOT WRITE				Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Minus BANDENS					
		Apro. 1204							
				Ch. To Code					
8. The above named entity submits this statement or 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 registared agent.									
SIGNATURE Signature, typed of printed samplet registered agoverno life if approache.									
FEE IS \$50.00  Make Check Payable to Florida Department of State  DUE BY MAY:1									
9.	MANAGING MEMBER	RS/MANAGERS	SEETYS And AMADE SETTING	A STATE OF THE STA	and the sold			T-18-11-15-15	
TITLE MERCEDES  STREET ADDRESS  PULLIFOR COLÓN NO. 2-131, P.O.BOX  CITY-ST-ZIP  603  SAN ANDRESS ISLAS, COLOMO.					77.				(120
STREET ADDRESS AUCW	SON COLÓN NO.	15145 COLOMB	STRE	ET ADDRESS ST-ZIP					8838
nne	200		វររប	4 Shear & State			te. in the state of		2
NAME STREET ADDRESS	•		STRE	ET ADORESS					
CITY-ST-ZIP			cny nnu	ST-ZIP			A region of the	i de la constanta de la consta	ban Citiz Erik
TITLE . NAME								Company Contracts	
STREET ADDRESS CITY-ST-ZIP			100000	ET ADORESS StZip.		PO NOT	WRI	re: ::	
TITLE			TITLE			IN THIS	encial in control of the	and a mercy for its consistent which is	ne de la la
NAME STREET ADDRESS			SEP. SE	ET ADORESS					Property of
CNY-ST-ZIP	<del></del>	<del></del>	CITY	ST-ZIP				S. Fank, B. H. Marker	5.05400 5.05400
NAME			NAM						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
STREET ADDRESS  CITY-ST-ZIP				et accoress St-Zip	Services	anderstagger und vertransk plante i general general general general general general general general general ge Beneral general general Beneral general			
TITLE NAME			TITLE				distant and the second		
STREET ADDRESS CITY-57-ZIP			STRE	ET ADDRESS			handi.		
11. I hereby certify that	the information supplied with	this filing does not qualify for	the exe	ST-ZIP	ed in Se	ction 119.07(3)(i), Florida Statut	es. I further cer	ify that the inform	nation
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 except this report as required by Chapter 608, Florida Statutes.									
SIGNATURE: April 23/03 (305) 940 5/84									
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED RAME OF SIGNING BUSIAGING BUSIAGI									