

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90076 029 ****50.00

DOCUMENT # L99000004581					
1. Entity Name INVERSIONES TORCOROMA, L.C.					
Principal Place of Business 7600 NW 186TH ST., STE A MIAMI, FL 33015			Mailing Address 7600 NW 186TH ST., STE A MIAMI, FL 33015		
2. Principal Place of Business - No P.O. Box # 1037 CEDAR FALLS DR		3. Mailing Address 1037 CEDAR FALLS DR			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State WESTON, FL		City & State WESTON, FL		4. FEI Number 90-0050971	
Zip 33327		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DISLA, VIRGINIA M 7600 NW 186TH ST., STE A MIAMI, FL 33015			7. Name and Address of New Registered Agent Name SARA LUCIA CONTRERAS Street Address (P.O. Box Number is Not Acceptable) 1037 CEDAR FALLS DR City WESTON FL Zip Code 33327		
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 <i>Sara Contreras</i> SARA LUCIA CONTRERAS 04/12/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGRM NAME CONTRERAS, JAVIER JOSE STREET ADDRESS 7600 NW 186TH ST., STE A CITY-ST-ZIP MIAMI, FL 33015	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGRM NAME CONTRERAS, SARA LUCIA STREET ADDRESS 7600 NW 186TH ST., STE A CITY-ST-ZIP MIAMI, FL 33015	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGRM NAME GRANADOSDE CONTRERAS, MARIA STREET ADDRESS 7600 NW 186TH ST., STE A CITY-ST-ZIP MIAMI, FL 33015	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGRM NAME CONTRERAS, ADRIANA M STREET ADDRESS 7600 NW 186TH ST., STE A CITY-ST-ZIP MIAMI, FL 33015	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Sara Contreras</i> SARA LUCIA CONTRERAS, MGRM, 04/12/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					