

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000001802

FILED  
Apr 20, 2011  
Secretary of State

Entity Name: ALTAMIRA RESOURCES LLC

**Current Principal Place of Business:**

11111 BISCAYNE BLVD., APT. 652  
MIAMI, FL 33181

**New Principal Place of Business:**

**Current Mailing Address:**

11111 BISCAYNE BLVD., APT. 652  
MIAMI, FL 33181

**New Mailing Address:**

FEI Number: 20-2669536

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HALVORSSSEN, THOR  
11111 BISCAYNE BLVD., APT. 652  
MIAMI, FL 33181 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: HALVORSSSEN, THOR  
Address: 11111 BISCAYNE BLVD., APT. 652  
City-St-Zip: MIAMI, FL 33181

Title: MGRM  
Name: HALVORSSSEN, THOR  
Address: 1414 N HARPER AVE, UNIT 12  
City-St-Zip: WEST HOLLYWOOD, CA 90046

Title: MGRM  
Name: HALVORSSSEN, THOR  
Address: 1414 N HARPER AVE, UNIT 12  
City-St-Zip: WEST HOLLYWOOD, CA 90046

Title: MGRM  
Name: HALVORSSSEN, THOR  
Address: 1414 N HARPER AVE, UNIT 12  
City-St-Zip: WEST HOLLYWOOD, CA 90046

Title: MGRM  
Name: HALVORSSSEN, THOR  
Address: 1414 N HARPER AVE, UNIT 12  
City-St-Zip: WEST HOLLYWOOD, CA 90046

Title: MGRM  
Name: HALVORSSSEN, THOR  
Address: 1414 N HARPER AVE, UNIT 12  
City-St-Zip: WEST HOLLYWOOD, CA 90046

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: THOR HALVORSSSEN

MGRM

04/20/2011

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