

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000001802

FILED
Apr 27, 2012
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

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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

MR.

04/27/2012

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