


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 22, 2006 08:00 AM
Secretary of State

DOCUMENT # M97000000347 1. Entity Name SOPRODI LTDA, L.L.C.	
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Principal Place of Business 2025 N.W. 102ND AVE., SUITE #103 MIAMI, FL 33172	Mailing Address 2025 N.W. 102ND AVE., SUITE #103 MIAMI, FL 33172
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02132006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-3854955	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent ZAMORANO, AUGUSTO 2025 N.W. 102ND AVE., SUITE #103 MIAMI, FL 33172

**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 (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BARGETTO, JORGE B 135 BATTLE AVENUE, 2ND FLOOR WHITE PLAINS, NY 10606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BARROS, RAMON M 135 BATTLE AVENUE, 2ND FLOOR WHITE PLAINS, NY 10606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GONZALEZ, JORGE A.B. 135 BATTLE AVENUE, 2ND FLOOR WHITE PLAINS, NY 10606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CEPEDA, RODRIGO M 135 BATTLE AVENUE, 2ND FLOOR WHITE PLAINS, NY 10606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ZAMORANO, AUGUSTO 2025 N.W. 102ND AVE., SUITE #103 MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/04/06 80052-004 50.00

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IN THIS SPACE**

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

2/13/2006

Date

Daytime Phone #