

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000019147

FILED  
May 01, 2006  
Secretary of State

Entity Name: INSUALCA INTERNATIONAL GROUP, LLC

**Current Principal Place of Business:**

201 ALHAMBRA CIRCLE, SUITE 502  
C/O ARVESU & ASSOCIATES, PLLC  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

201 ALHAMBRA CIRCLE, SUITE 502  
C/O ARVESU & ASSOCIATES, PLLC  
CORAL GABLES, FL 33134

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

ARVESU & ASSOCIATES, PLLC  
201 ALHAMBRA CIRCLE, SUITE 502  
CORAL GABLES, FL 33134 US

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:**

**ADDITIONS/CHANGES:**

Title: MGR ( ) Delete  
Name: ORLANDO AUGUSTO SUAR, EZ ALVAREZ  
Address: 201 ALHAMBRA CIRCLE, SUITE 502  
City-St-Zip: CORAL GABLES, FL 33134

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR ( ) Delete  
Name: MARIA EUGENIA RAMIRE, Z DE SUAREZ  
Address: 201 ALHAMBRA CIRCLE, SUITE 502  
City-St-Zip: CORAL GABLES, FL 33134

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR ( ) Delete  
Name: ORLANDO JAVIER SUARE, Z RAMIREZ  
Address: 201 ALHAMBRA CIRCLE, SUITE 502  
City-St-Zip: CORAL GABLES, FL 33134

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR ( ) Delete  
Name: MARIA WALESWKA SUARE, Z RAMIREZ  
Address: 201 ALHAMBRA CIRCLE, SUITE 502  
City-St-Zip: CORAL GABLES, FL 33134

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T ( ) Delete  
Name: CARRATUS, CARLOS E  
Address: 201 ALHAMBRA CIRCLE, SUITE 502  
City-St-Zip: CORAL GABLES, FL 33134

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: ORLANDO AUGUSTO SUAREZ ALVAREZ

MGR

05/01/2006

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