

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000000782

**Entity Name:** INTERAMERICAN BUSINESS ADVISORS, LLC

**FILED**  
**Apr 30, 2013**  
**Secretary of State**  
**CC3061019749**

**Current Principal Place of Business:**

4114 CARRIAGE DRIVE  
N-4  
POMPANO BEACH, FL 33069

**Current Mailing Address:**

4114 CARRIAGE DRIVE  
N-4  
POMPANO BEACH, FL 33069 BR

**FEI Number: APPLIED FOR**

**Certificate of Status Desired: No**

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

CALVO, JUAN J  
4114 CARRIAGE DRIVE  
N-4  
POMPANO BEACH, FL 33069 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

**Authorized Person(s) Detail :**

Title            MGRM  
Name            MANRIQUE, JAVIER A  
Address        2529 MONTCLAIRE CIRCLE  
City-State-Zip: WESTON FL 33327

Title            MGRM  
Name            CALVO, JUAN J  
Address        4114 CARRIAGE DRIVE, #N-4  
City-State-Zip: POMPANO BEACH FL 33069

*I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: JUAN JOSE CALVO**

**MGRM**

**04/30/2013**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date