

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401-222.3040

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

Filing Period: September 1 - November 1 - Filing Fee: \$50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

		o a penany jee of \$25.00					
1. ID No.							
154768	DUVA	JVAL INTERNATIONAL LLC					
3. State of Formation 4. Brief description of the character of the business which			b is actually conducted in Rhode Island				
RHODE ISLAND INVESTMENT COMPANY							
5. Principal office address				City	State		Zip
53rd ST. MMG TOWER,16th FL,URBANIZACION OBBARRIO				PANAMA	PANAMA		
6. MAILING ADDRES	SS OF LI	MITED LIABILITY O	COMPANY AND NAME	OR TITLE OF CONTACT PERSON:  Contact Title			
DAVID LUNTZ				AUTHORIZED PERSON			
Street Address				City	State		Ζip
C/O 509 MADISON AVE, SUITE 612				NEW YORK	NY		10022
:							
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <u>DO NOT LIST MEMBERS</u> FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT)							
Manager Name				Manager Name			
LUIS A. DAVIS				PAMELA D. HALL			
Sireet Address				Street Address			
53rd ST. MMG TOWER,16th FL,URBANIZACION OBBARRIO				53rd ST. MMG TOWER,16th FL, URBANIZACION OBBARRIO			
PANAMA		State PANAMA	Zip	PANAMA	State PANAMA	State Zip PANAMA	
Manager Name SILVIA CLARKE				Manager Name MORGAN SECRETARIAL SERVICES IN			
Street Address MMG TOWER, 16th FL, URBANIZACION OBBARRIC				Street Address . MMG TOWER, 16th FL, URBANIZACION OBBARRIC			
City PANAMA		State PANAMA	Zip	PANAMA	State PANAMA	State Zip PANAMA	
8. RESIDENT AGENT	I IN RH	ODE ISLAND - DO N	OT ALTER - Changes	require filing of Form 642	- R.I.G.L. 7-1	6-11	
Agent Name				Address			
CORPORATE CREATIONS NETWORK INC.							
Address				City Zip		Zip	
7 EVA LANE			CRANSTON 0292		02921		

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

154768

File Date	FILED
Check No.	DEC 1 7 2007
Ву:_Ву	550 + 3612
-	FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements, contained herein are true and correct.

Signature of Authorized Person

Date

**DAVID LUNTZ** 

Print or Type Name of Authorized Person