

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Jan 25, 2008 8:00 am
Secretary of State

01-25-2008 90085 012 ***138.75

DOCUMENT # L01000009165

1. Entity Name

MAINSTAR AMERICA, LLC



Principal Place of Business

4250 NW 35 CT
MIAMI FL 33142

Mailing Address

4250 NW 35 CT
MIAMI FL 33142



2. Principal Place of Business - No P.O. Box #
4256 NW 35TH CT

Suite, Apt. #, etc.

3. Mailing Address
4256 NW 35TH CT

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/07)

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-1111098

Applied For

Not Applicable

Zip **33142**

Country **USA**

Zip **33142**

Country **USA**

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DERHY FINANCIAL SERVICES, LLC
99 N WEST 183RD STREET, SUITE 112
NORTH MIAMI BEACH FL 33169

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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's signature required when necessary)

DATE



PAID
01/21/08

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State



PAID
01/21/08

9. MANAGING MEMBER/S MANAGERS

TITLE **MGRM** Delete
NAME **HERNINIO BOTTA, ERNESTO**
STREET ADDRESS **999 BRICKEL BAY DRIVE, APT 701**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE **MGRM** Delete
NAME **BOTTA, FRANCISCO ALBE**
STREET ADDRESS **7904 WEST DRIVE #112**
CITY-ST-ZIP **MIAMI BEACH FL 33141**

TITLE **MGRM** Delete
NAME **VIOLA, PATRICIA MONIC**
STREET ADDRESS **999 BRICKEL BAY DRIVE, APT 701**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONAL CHANGES

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

01/21/08 305-637-1127

Date

Entity File #