


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 19, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000021216</b> 1. Entity Name KIRA, LLC	
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Principal Place of Business 1625 NORTH COMMERCE PARKWAY #315 WESTON, FL 33326	Mailing Address 1625 NORTH COMMERCE PARKWAY #315 WESTON, FL 33326
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03062007 No Chg-LLC      CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 03-0479947	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

ILEANA ARIAS TOVAR, ESQ.  
 WESTON TOWN CENTER  
 1725 MAIN STREET, SUITE 205  
 WESTON, FL 33326

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)

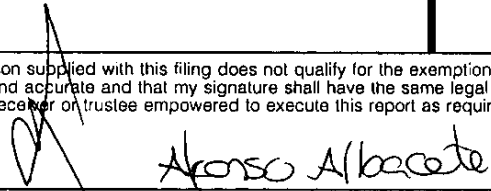
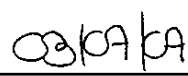
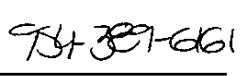
**Filing Fee is \$50.00  
Due by May 1, 2007**

000000571756  
03/28/07-80042-010 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARTINEZ, CIRO 1625 NORTH COMMERCE PARKWAY #315 WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARTINEZ, ROSA 1625 NORTH COMMERCE PARKWAY #315 WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALBACETE, ALFONSO 1625 NORTH COMMERCE PARKWAY #315 WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ANZOLA, FRANCISCO 1625 NORTH COMMERCE PARKWAY #315 WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   

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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 606, Florida Statutes.

**SIGNATURE:**             

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #