


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 02, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000027307</b>	
1. Entity Name <b>MACOSA, LLC</b>	

Principal Place of Business <b>354 SEVILLA AVE MIAMI, FL 33134</b>	Mailing Address <b>C/O H. CEBALLOS 354 SEVILLA AVE CORAL GABLES, FL 33134</b>
---	--

**DO NOT WRITE IN THIS SPACE**



04292008No Chg-LLC      CR2E083 (12/07)

4. FEI Number <b>20-1547738</b>	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

**KOSS, A. ESQ  
782 NW 42 AVENUE, STE. 448  
MIAMI, FL 33126**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
 After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM MASSONI, ODAIR RUA HARIO 247 SAO PAULO, BRASIL,</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DS CEBALLOS, HAYDEE 354 SEVILLA AVE CORAL GABLES, FL 33134</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

00000943778  
 05/29/08-80074-002 138.75

**DO NOT WRITE IN THIS SPACE**

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 608, Florida Statutes.

**SIGNATURE:** Haydee Ceballos      HAYDEE CEBALLOS      4/30/08      305 448 5255  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #