


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

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90240 007 ***138.75

DOCUMENT # L03000043235

1. Entity Name
EMAC AMERICA, LLC



Principal Place of Business Mailing Address

**9450 NW 12 STREET
 MIAMI FL 33172
 US** **9450 NW 12 STREET
 MIAMI FL 33172
 US**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

1970 NW 129 Ave **1970 NW 129 Ave**

Suite, Apt. #, etc. Suite, Apt. #, etc.

103 **103**

City & State City & State

MIAMI FL **MIAMI FL**

Zip Country Zip Country

33182 US **33182 US**

1st MOORE CR2E083 (10/07)

4. FEI Number Applied For

20-0378967 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**RAFAEL PALOP
 10301 SW 58 CT
 MIAMI FL 33156**

7. Name and Address of New Registered Agent

Name **JOSE L. LLAVATA**

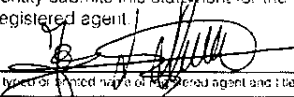
Street Address (P.O. Box Number is Not Acceptable)

1 Century Lane # 403

City State Zip Code

MIAMI BEACH FL 33139

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: **02/25/08**

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

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


9. MANAGING MEMBERS/MANAGERS

TITLE	MGR <input type="checkbox"/> Delete
NAME	EMAC COMPLEMENTOS, S.L.
STREET ADDRESS	9450 NW 12 STREET
CITY-ST-ZIP	MIAMI FL 33172
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES

TITLE	MGR <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EMAC COMPLEMENTOS, S.L.
STREET ADDRESS	1970 NW 129 AVE
CITY-ST-ZIP	MIAMI FL 33182
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:  **JOSE LLAVATA** DATE: **02/25/08** DAYTIME PHONE #: **786/547/8254**

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