

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000069260

FILED
Apr 24, 2007
Secretary of State

Entity Name: CORINONO, LLC

Current Principal Place of Business:

1031 BAMBOO LANE
WESTON, FL 33327 US

New Principal Place of Business:

Current Mailing Address:

C/O MONAHAN, CCS 10118
PO BOX 025323
MIAMI, FL 33102 US

New Mailing Address:

FEI Number: 56-2486725 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MONAHAN, ROARK R CPA
4000 PONCE DE LEON BLVD
470 # 5
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

MONAHAN, ROARK R CPA
4000 PONCE DE LEON BLVD
SUITE470, OFFICE # 5
CORAL GABLES, FL 33146 US

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.

SIGNATURE: ROARK R. MONAHAN

04/24/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DE PONCE, ELIZABETH
Address: 1031 BAMBOO LANE
City-St-Zip: WESTON, FL 33327 US

Title: MGRM () Delete
Name: PONCE, ALBERTO J
Address: 1031 BAMBOO LANE
City-St-Zip: WESTON, FL 33327 US

Title: MGRM () Delete
Name: ALBELI CORP.,
Address: 1031 BAMBOO LANE
City-St-Zip: WESTON, FL 33327 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ALBERTO J. PONCE

MGRM

04/24/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date