


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90369 043 \*\*\*\*50.00

DOCUMENT # L05000019560			
1. Entity Name OCHUN SON INVESTMENT, LLC.			
Principal Place of Business 8445 NW 169 TERRACE MIAMI LAKES, FL 33016 US		Mailing Address 8445 NW 169 TERRACE MIAMI LAKE, FL 33016 US	
2. Principal Place of Business - No P.O. Box # <i>6200 SW 130 TERR</i>		3. Mailing Address <i>6200 SW 130 TERR</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>MIAMI - FL</i>		City & State <i>MIAMI - FL</i>	
Zip <i>33156</i>		Zip <i>33156</i>	
Country		Country	
4. FEI Number 20-2417986		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent RUIZ, MIGUEL A 8445 NW 169 TE MIAMI LAKE, FL 33016		7. Name and Address of New Registered Agent Name <i>RUIZ MIGUEL A</i> Street Address (P.O. Box Number is Not Acceptable) <i>6200 SW 130 TERR</i> City <i>MIAMI</i> FL Zip Code <i>33156</i>	
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 _____			
*Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE MGRM <input checked="" type="checkbox"/> Delete	NAME MIGUEL, RUIZ A	TITLE MGRM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME MIGUEL, RUIZ A
STREET ADDRESS 8445 NW 169 TERR	CITY-ST-ZIP MIAMI, FL 33016	STREET ADDRESS <i>6200 SW 130 TERR</i>	CITY-ST-ZIP <i>MIAMI FL-33156</i>
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
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: _____		<i>04/19/07</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #	