

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000015459

**FILED**  
**Jan 25, 2008**  
**Secretary of State**

**Entity Name:** ASIVIAJO, LLC

**Current Principal Place of Business:**

150 SE 2ND AVE  
SUITE 715  
MIAMI, FL 33131

**New Principal Place of Business:**

**Current Mailing Address:**

150 SE 2ND AVE  
SUITE 715  
MIAMI, FL 33131

**New Mailing Address:**

**FEI Number:** 20-4301681      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ALFONSO, SOUED MGR  
150 SE 2ND AVE  
SUITE 715  
MIAMI, FL 33131 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: SOUED, ALFONSO  
Address: 150 SE 2ND AVE SUITE 715  
City-St-Zip: MIAMI, FL 33131

Title: MGR ( ) Delete  
Name: SOUED, ALFONSO  
Address: 150 SE 2ND AVE, SUITE 715  
City-St-Zip: MIAMI, FL 33131

**ADDITIONS/CHANGES:**

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

Title: MGR (X) Change ( ) Addition  
Name: KNOLL DE SOUED, SHOSHANA  
Address: 1211 94TH STREET  
City-St-Zip: BAY HARBOR ISLANDS, FL 33154

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: ALFONSO SOUED      MGR      01/25/2008

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