

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000074112

FILED
Jan 15, 2009
Secretary of State

Entity Name: FONAKID LLC

Current Principal Place of Business:

7065 NW 107 CT
DORAL, FL 33178

New Principal Place of Business:

Current Mailing Address:

7065 NW 107 CT
DORAL, FL 33178

New Mailing Address:

FEI Number: 51-0594804

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASANAS, PAULO A
7065 NW 107 CT
DORAL, FL 33178 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: MGRM () Delete
Name: CASANAS, PAULO A
Address: 7065 NW 107 CT
City-St-Zip: DORAL, FL 33178

Title: MGRM () Delete
Name: CASANAS, JUAN
Address: 7065 NW 107 CT
City-St-Zip: DORAL, FL 33178

Title: MGRM () Delete
Name: PEREZ, CARLOS
Address: 7331 SW 116 ST
City-St-Zip: MIAMI, FL 33156

Title: T () Delete
Name: PEREZ, FLOR M TREASUR
Address: 7065 NW 107 CT
City-St-Zip: MIAMI, FL 33178

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:

Title: MGRM (X) Change () Addition
Name: PEREZ, FLOR M
Address: 7065 NW 107 CT
City-St-Zip: MIAMI, FL 33178

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: PAULO CASANAS

MGRM

01/15/2009

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