



**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jul 14, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L06000074601	
1. Entity Name ZICABERAJA, LLC	

Principal Place of Business 1428 BRICKELL AVENUE SUITE 206 MIAMI, FL 33131	Mailing Address 1428 BRICKELL AVENUE SUITE 206 MIAMI, FL 33131
---	---

**DO NOT WRITE IN THIS SPACE**



07082008No Chg-LLC      CR2E083 (12/07)

4. FEI Number 20-5283555	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

FIGUEROA, JUAN A  
 1428 BRICKELL AVENUE  
 SUITE 206  
 MIAMI, FL 33131

**DO NOT WRITE IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008**      In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

U00000954830  
 07/14/08-80015-021 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MEMUN ZAGA, JOSE 1428 BRICKELL AVENUE SUITE 206 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MEMUN HANONO, JOSE 1428 BRICKELL AVENUE SUITE 206 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MEMUN HANONO, SUSAN 1428 BRICKELL AVENUE SUITE 206 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MEMUN ELIAS, ISAAC 1428 BRICKELL AVE SUITE 206 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: SUSAN MEMUNO      Date: 7-11-08      Daytime Phone: 305-448-5840

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE