2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 30, 2008
Secretary of State

DOCUMENT# L06000121623

Entity Name: A B C - MIAMI ENTERPRISES LLC

Current Principal Place of Business:

2025 N.E. 164 STREET APT 501
MIAMI, FL 33162

New Principal Place of Business:

2025 N.E. 164 STREET APT 501
NORTH MIAMI BEACH, FL 33162

Current Mailing Address:

2025 N.E. 164 STREET APT 501
MIAMI, FL 33162

New Mailing Address:

2025 N.E. 164 STREET APT 501
NORTH MIAMI BEACH, FL 33162

FEI Number: 20-8159583 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

YELA ESCOBAR, CARLOS P
2025 N.E. 164 STREET APT 501
MIAMI, FL 33162 US

Name and Address of New Registered Agent:

YELA ESCOBAR, CARLOS P
2025 N.E. 164 STREET APT 501
NORTH MIAMI BEACH, FL 33162 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: _____ 08/30/2008
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: CARLOS P YELA ESCOBA, R
Address: 2025 N.E. 164 STREET APT 501
City-St-Zip: MIAMI, FL 33162

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: CARLOS P YELA ESCOBA, R
Address: 2025 N.E. 164 STREET APT 501
City-St-Zip: NORTH MIAMI BEACH, FL 33162

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: CARLOS P YELA ESCOBAR MGRM 08/30/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date