

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 23, 2007 08:00 A
Secretary of State

DOCUMENT # L04000061770

1. Entity Name
MAOKIN, LLC



Principal Place of Business
**3945 SW 188TH AVENUE
MIRAMAR, FL 33029**

Mailing Address
**3945 SW 188TH AVENUE
MIRAMAR, FL 33029**



03082007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	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

**CIFUENTES, MARIA ESQ
CIFUENTES-MARRERO, P.A.
4300 BISCAYNE BOULEVARD, SUITE 204
MIAMI, FL 33137**

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

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MAOKIN C.A. 3945 SW 188TH AVENUE MIRAMAR, FL 33029
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SIHER, EDWARDS 3945 SW 188TH AVENUE MIRAMAR, FL 33029
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV FERMIN FUNG CHIU 3945 SW 188TH AVENUE MIRAMAR, FL 33029
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ANA OFELIA FUNG CHIU 3945 SW 188TH AVENUE MIRAMAR, FL 33029
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT COREY FUNG CHIU 3945 SW 188TH AVENUE MIRAMAR, FL 33029
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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03/30/07-80034-024 50.00

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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:

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

3/20/07

Date

Daytime Phone #