

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000003265

Entity Name: EINSTEIN FINANCIAL GROUP, LLC

FILED
Jan 04, 2008
Secretary of State

Current Principal Place of Business:

5728 MAJOR BLVD
SUITE 503
ORLANDO, FL 32819 US

New Principal Place of Business:

Current Mailing Address:

5728 MAJOR BLVD
SUITE 503
ORLANDO, FL 32819 US

New Mailing Address:

FEI Number: 06-1738041

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AZNAR, MATIAS H
3840 SHOREVIEW DRIVE
KISSIMMEE, FL 34744 US

Name and Address of New Registered Agent:

AZNAR, MATIAS H CFO
3840 SHOREVIEW DRIVE
KISSIMMEE, FL 34744 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: MATIAS H. AZNAR

01/04/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: CEO () Delete
Name: AZNAR, CARLOS J
Address: 6347 GOETHE STREET 105
City-St-Zip: ORLANDO, FL 32835 US

Title: CFO () Delete
Name: AZNAR, MATIAS H
Address: 3840 SHOREVIEW DRIVE
City-St-Zip: KISSIMMEE, FL 34744

ADDITIONS/CHANGES:

Title: CEO (X) Change () Addition
Name: AZNAR, CARLOS J CEO
Address: 3837 SHOREVIEW DRIVE
City-St-Zip: KISSIMMEE, FL 34744 US

Title: CFO (X) Change () Addition
Name: AZNAR, MATIAS H CFO
Address: 3840 SHOREVIEW DRIVE
City-St-Zip: KISSIMMEE, FL 34744

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: MATIAS H AZNAR

CFO

01/04/2008

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