2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000002902

1. Entity Name SOULGI INVESTMENTS, L.L.C.



FILED Jan 25, 2008 08:00 A Secretary of State

Principal Place of Business

3469 N.E. 169TH STREET NORTH MIAMI BEACH, FL 33160 Mailing Address

3469 N.E. 169TH STREET NORTH MIAMI BEACH, FL 33160



01042008 No Chg-LLC

CR2E083 (12/07)

4	FEI Number		i	Applied For
♣,	65-1004286			Not Applicable
5.	Certificate of Status Desired		\$5.00 Fee Res	Additional

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SOULIAGUINE, EUGENI 3469 NE 169 STREET NORTH MIAMI BEACH, FL 33160

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of	f 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

MANAGING MEMBERS/MANAGERS

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS GITY-ST-ZIP	MGR SOKROVICHTCHOUK, RODION 3469 N.E. 169TH STREET NORTH MIAMI BEACH, FL 33160	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SOULIAGUINE, EVGUENI 3469 N.E. 169TH STREET NORTH MIAMI BEACH, FL 33160	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filling does not qualify for the ex-		

000000798434 01/30/08-80028-022 138.75

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:

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

1/22/08

305-923-2255

Daytime Phone #