2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Mar 08, 2007 8:00 am Secretary of State 03-08-2007 90189 023 ****50.00 DOCUMENT # L00000010840 1. Entity Name CISA, LLC Principal Place of Business Mailing Address 4831 NW 99 CT 4831 NW 99 CT MIAMI, FL 33178 MIAMI, FL 33178 02192007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1040398 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CORNEJO, DANIEL DO NOT WRÎTE 4831 NW 99 CT MIAMI, FL 33178 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 divegistered agent. 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 MANAGING MEMBERS/MANAGERS 9. MGR TITLE CORNEJO, DANIEL O NAME STREET ADDRESS 4831 NW 99 CT CITY-ST-ZIP MIAMI, FL 33178 TITLE REBOUDENGO, ENRIQUE NAME STREET ADDRESS 4831 NW 99 CT CITY-ST-ZIP MIAMI, FL 33178 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

 I hereby certify that the infindicated on this report is limited liability company or mation supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information ue 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 the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

Daytime Phone #

FILED