

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000015393

Entity Name: SOCRAB, L.L.C.

FILED
Apr 24, 2008
Secretary of State

Current Principal Place of Business:

10 ARAGON AVE
919
CORAL GABLE, FL 33134

Current Mailing Address:

10 ARAGON AVE
APT 919
CORAL GABLES, FL 33134

New Principal Place of Business:

2051 NW 112 AVE UNIT 117
117
MIAMI, FL 33172

New Mailing Address:

2051 NW 112 AVE UNIT 117
117
MIAMI, FL 33172

FEI Number: 65-1061877

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PASTRAN, ADOLFO
10 ARAGON AVE
APT 919
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

PASTRAN, ADOLFO
2051 NW 112 AVE UNIT 117
117
MIAMI, FL 33172 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:

04/24/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: PASTRAN, ADOLFO
Address: 10 ARAGON AVE APT 919
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR () Delete
Name: CEJAS, EMILIANA
Address: 10 ARAGON AVE APT 919
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: PASTRAN, ADOLFO
Address: 2051 NW 112 AVE #117
City-St-Zip: MIAMI, FL 33172

Title: MGR (X) Change () Addition
Name: CEJAS, EMILIANA
Address: 2051 NW 112 AVE UNIT 117
City-St-Zip: MIAMI, FL 33172

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: ADOLFO PASTRAN

MR

04/24/2008

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