

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-02-2007 90431 045 ****50.00

DOCUMENT # L01000005994 1. Entity Name ROFAM INV. LLC					
Principal Place of Business 5105 NW 158TH STREET MIAMI LAKES, FL 33014			Mailing Address 5105 NW 158TH STREET MIAMI LAKES, FL 33014		
2. Principal Place of Business - No P.O. Box # 1581 Brickell Ave., Suite, Apt. #, etc.		3. Mailing Address 1581 Brickell Ave. Suite, Apt. #, etc.			
#1201 City & State Miami, FL		#1201 City & State Miami, FL		4. FEI Number 65-1109202	
Zip 33129		Country		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MARGOLIS, JOHN A SUITE 330 9890 S.W. 77TH AVENUE MIAMI, FL 33158				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entry 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RODRIGUEZ, CARLOS J 5105 NW 158TH STREET MIAMI LAKES, FL 33014 <i>C.E.O</i>	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1581 Brickell Ave., #1201 Miami, FL 33129 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RODRIGUEZ, SONIA 5105 NW 158TH STREET MIAMI LAKES, FL 33014 <i>PRESIDENT</i>	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1581 Brickell Ave., #1201 Miami, FL 33129 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Juana D. Rodriguez <i>Treasurer</i>	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Juana D. Rodriguez 1581 Brickell Ave., #1201 Miami, FL 33129 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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: <i>[Signature]</i> Juana D. Rodriguez 3-9-07 (786) 367-049 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

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