2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR 22 AM 9: 18

DOCUMENT # L01000009226

1. Entity Name
MUFASA LLC

Principal Place of Business	Mailing Address
10271 SW 72 STREET STE 102 MIAMI, FL 33173	10271 SW 72 STREET STE 102 MIAMI, FL 33173

01082008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
10481 N. Kendall Dr.		10481 N. Kendall Dr.	
Suite, Apt. #, etc.: Suite D-203		Suite, Apt. #, etc.: Suite D-203	
City & State: Miami, FL		City & State: Miami, FL	
Zip: 33176	Country: USA	Zip: 33176	Country: USA

4. FEI Number 04-3703301 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

ALOS, ANDRES F
10271 SW 72 STREET STE 102
MIAMI, FL 33173

7. Name and Address of New Registered Agent

Name: Alos, Andres F
Street Address (P.O. Box Number is Not Acceptable): 10481 N. Kendall Dr. D-203
City: Miami FL Zip Code: 33176

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 of registered agent.

SIGNATURE [signature] 4-14-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE	MGR	☐ Delete
NAME	ALOS, ANDRES F	
STREET ADDRESS	10271 SW 72 STREET STE 102	
CITY-ST-ZIP	MIAMI, FL 33173	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS / CHANGES

TITLE	MGR	☑ Change ☐ Addition
NAME	Alos, Andres F	
STREET ADDRESS	10481 N. Kendall Dr. D-203	
CITY-ST-ZIP	Miami, FL 33176	
TITLE		☐ Change ☐ Addition
NAME	300125266923	
STREET ADDRESS	04/23/08--01016--010 **716.25	
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS	B 4/22/08	
CITY-ST-ZIP		

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] 4-14-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #