

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000020090

Entity Name: NEW NORTH AMERICA, LLC

FILED
Jan 07, 2008
Secretary of State

Current Principal Place of Business:

11205 SW 111TH ST
MIAMI, FL 33176

New Principal Place of Business:

Current Mailing Address:

11205 SW 111TH ST
MIAMI, FL 33176

New Mailing Address:

126 DUDLEY STREET
UNIT 302
JERSEY CITY, NJ 07302

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARAZOZA & FERNANDEZ-FRAGA, P.A.
2100 SALZEDO STREET, SUITE 300
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BELLO, PAULO S
Address: 11205 SW 111TH ST
City-St-Zip: MIAMI, FL 33176

Title: MGR () Delete
Name: BELLO, MARIA AUGUSTA T
Address: 11205 SW 111TH ST
City-St-Zip: MIAMI, FL 33176

Title: MGR () Delete
Name: BELLO, PATRICIA
Address: 11205 SW 111TH ST
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: BELLO, PATRICIA
Address: 126 DUDLEY STREET, UNIT 302
City-St-Zip: JERSEY CITY, NJ 07302

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: PATRICIA BELLO

MGR

01/07/2008

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