

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000024320

Entity Name: CHAKAY SERVICES, L.L.C.

FILED
Feb 14, 2007
Secretary of State

Current Principal Place of Business:

17890 WEST DIXIE HWY
SUITE 109
NORTH MIAMI BEACH, FL 33160

New Principal Place of Business:

5220 S UNIVERSITY DR
SUITE C-103
DAVIE, FL 33328

Current Mailing Address:

5220 S UNIVERSITY DR
STE C-102
DAVIE, FL 33328

New Mailing Address:

FEI Number: 51-0428823 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SILVA'S ENTERPRISE, INC
5220 S UNIVERSITY DR
STE C-102
DAVIE, FL 33328 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: GENIJOVICH, JULIAN P
Address: 17890 WEST DIXIE HWY # 109
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: MGR () Delete
Name: ROSMAN, ALEJANDRA G
Address: 17890 WEST DIXIE HWY # 109
City-St-Zip: NORTH MIAMI BEACH, FL 33160

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GENIJOVICH, JULIAN P
Address: 5220 S UNIVERSITY DR SUITE C-103
City-St-Zip: DAVIE, FL 33328

Title: MGR (X) Change () Addition
Name: ROSMAN, ALEJANDRA G
Address: 5220 S UNIVERSITY DR SUITE C-103
City-St-Zip: DAVIE, FL 33328

I hereby certify that the information supplied with this filing does not qualify for the 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: ALEJANDRA ROSMAN

MGR

02/14/2007

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