2007 LIMITED LIABILITY COMPANY

FILED ANNUAL REPORT Jan 31, 2007 08:00 AM DOCUMENT # L02000026823 **Secretary of State** 1. Entity Name ALLÁ ONE, LLC Principal Place of Business Mailing Address 1901 NE 197 TERRACE 1901 NE 197 TERRACE MIAMI, FL 33179 MIAMI, FL 33179 01232007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 14-1855046 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KLISTON, TODD W DO NOT WRITE 8211 W. BROWARD BLVD., STE. 375 PLANTATION, FL 33324 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. DATE (NOTE. Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2007 MANAGING MEMBERS/MANAGERS 9. TITLE NAME LITVINOV, BORIS 1901 NE 197TH TERR STREET ADDRESS MIAMI, FL 33179 CHY-ST-ZP IIIŒ U00000614111 02/06/07-80012-014 50.00 KOSAYA, ALLA NAME STREET ADDRESS 1901 NE 197TH TERR CITY-ST-ZIP MIAMI, FL 33179 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

11. I hereby certify that the information supplied with this filling 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

STREET ADDRESS CITY-ST-7(P TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

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