2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2009
Secretary of State

DOCUMENT# L02000028317

Entity Name: PALOSEAN, LLC

Current Principal Place of Business:

777 EAST 25TH STREET, STE. 306
HIALEAH, FL 33013

New Principal Place of Business:

690 EAST 25TH STREET
HIALEAH, FL 33013

Current Mailing Address:

777 EAST 25TH STREET, STE. 306
HIALEAH, FL 33013

New Mailing Address:

690 EAST 25TH STREET
HIALEAH, FL 33013

FEI Number: 83-0340227 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

RODRIGUEZ, JOSE A ESQ
150 ALHAMBRA CIRCLE, STE. 1270
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: MGRM ( ) Delete
Name: BOUZA, MANUEL
Address: 777 EAST 25TH STREET, STE. 306
City-St-Zip: HIALEAH, FL 33013

Title: MGRM ( ) Delete
Name: BOUZA, MARIETTA
Address: 777 EAST 25TH STREET, STE. 306
City-St-Zip: HIALEAH, FL 33013

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: BOUZA, MANUEL
Address: 690 EAST 25TH STREET
City-St-Zip: HIALEAH, FL 33013

Title: MGRM (X) Change ( ) Addition
Name: BOUZA, MARIETTA
Address: 690 EAST 25TH STREET
City-St-Zip: HIALEAH, FL 33013

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: MANUEL BOUZA MGRM 04/19/2009

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