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May 02, 2005 8:00 am
Secretary of State
05-02-2005 90373 047 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000031164

1. Entity Name
OJOPELAO.COM, LLC

20053691

04222005 Chg-LLC CR2E083 (10/03)

Principal Place of Business	Mailing Address
120 BONAVENTURE BLVD APT: 203 WESTON, FL 33326	120 BONAVENTURE BLVD APT: 203 WESTON, FL 33326

2. Principal Place of Business	3. Mailing Address
16175 GOLF CLUB RD.	16175 GOLF CLUB RD.
Suite, Apt. #, etc. 308	Suite, Apt. #, etc. 308
City & State WESTON, FL	City & State WESTON, FL
Zip 33326 Country BROWARD	Zip 33326 Country BROWARD

4. FEI Number 57-1141503 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ILEANA ARIAS TOVAR, ESQ.
1725 MAIN STREET, SUITE 205
WESTON, FL 33326

7. Name and Address of New Registered Agent

Name GBSS CONSULTANTS, INC.
Street Address (P.O. Box Number is Not Acceptable) 1290 WESTON RD. STE 306
City WESTON FL Zip Code 33326

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] 04/22/2005
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NAPOLITANO, CLAUDIO 120 BONAVENTURE BLVD. APT. 203 WESTON, FL 33326 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NAPOLITANO, CLAUDIO 16175 GOLF CLUB RD. STE 308 WESTON, FL 33326 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PEREIRA, VIRGINIA 120 BONAVENTURE BLVD, APT 203 WESTON, FL 33326 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PEREIRA, VIRGINIA 16175 GOLF CLUB RD. STE 308 WESTON, FL 33326 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: x [signature] 04/22/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #