2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000006140



03-28-2007 90184 023 ****50.00 KRAAW ENTERPRISES LLC Principal Place of Business Mailing Address 87669000 10141 S.W. 80TH STREET 10141 S.W. 80TH STREET MIAMI, FL 33173 MIAMI, FL 33173 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03152007 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 33-1049828 Not Applicable Zip Zip, Country Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PEREZ, REINALDO Street Address (P.O. Box Number is Not Acceptable) 10800 S.W. 87TH AVENUE MIAMI, FL 33173 Zio Code FL 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 SIGNATURÊ Signature, typed or printed name of registered agent and title if applicable. Make-check-payable-to-Filing Fee is \$50:00 Due by May 1, 2007 Fiorida Department of State MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES 10. **MGRM** TITLE Delete TITLE ☐ Change ☐ Addition ARTILES, JUAN NAME NAME 10141 SW 80 ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33173 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete ☐ Addition NAME NAME

11. I hereby certify that the information supplied with this filing 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 managing member or manager of the limited liability company or the receiver of the execute this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

TO NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Mar 28, 2007 8:00 am Secretary of State