

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000037228

Entity Name: PICHOCA LLC

FILED
Apr 28, 2007
Secretary of State

Current Principal Place of Business:

2520 N.W. 97TH AVENUE
SUITE 120
MIAMI, FL 33172

New Principal Place of Business:

Current Mailing Address:

2520 N.W. 97TH AVENUE
SUITE 120
MIAMI, FL 33172

New Mailing Address:

FEI Number: 20-0395480

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POLANSKY, MITCHELL S ESQ
2665 S. BAYSHORE DRIVE, SUITE 703
MIAMI, FL 33133 US

Name and Address of New Registered Agent:

HENDERSON, RONNIE ESQ
2520 NW 97 AVE., STE 120
MIAMI, FL 33172 US

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: RONNIE HENDERSON

04/28/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SIERRA, NESTOR
Address: 2665 S. BAYSHORE DRIVE, SUITE 703
City-St-Zip: MIAMI, FL 33133

Title: MGR () Delete
Name: SIERRA, CRISTINA M
Address: 2665 S. BAYSHORE DRIVE, SUITE 703
City-St-Zip: MIAMI, FL 33133

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SIERRA, NESTOR
Address: 2520 NW 97 AVE., STE. 120
City-St-Zip: MIAMI, FL 33172

Title: MGR (X) Change () Addition
Name: SIERRA, CRISTINA M
Address: 2520 NE 97 AVE., STE 120
City-St-Zip: MIAMI, FL 33172

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: RONNIE HENDERSON

MEM

04/28/2007

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