2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State
04-25-2007 90044 025 ****50.00

DOCUMENT # L03000042521

1. Entity Name
MAGENTA, L.L.C.

Principal Place of Business	Mailing Address
18793 BISCAYNE BLVD AVENUE, FL 33180	18793 BISCAYNE BLVD AVENUE, FL 33180

UUU2UU60

04222007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
6501 Cow Pen Road	6501 Cow Pen Road
Suite, Apt. #, etc. #D207	Suite, Apt. #, etc. #D207
City & State MiAMi LAKES, FLORIDA	City & State MiAMi LAKES, FLORIDA
Zip 33014 Country USA	Zip 33014 Country USA

4. FEI Number 20-0466269 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LUIS, JUAN C 18793 BISCAYNE BLVD AVENTURA, FL 33180	Name LUIS JUAN C. Street Address (P.O. Box Number is Not Acceptable) 6501 Cow Pen Road Apt D207 City MiAMi LAKES FL Zip Code 33014

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, 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, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE	MGRM	☐ Change ☐ Addition
NAME	LUIS, JUAN C		NAME	LUIS, JUAN C	
STREET ADDRESS	13120 SW 92 AVE., BLDG. D, #601		STREET ADDRESS	17570 Atlantic Blvd. Building 4 Apt 105	
CITY ST ZIP	MIAMI, FL 331765787		CITY ST ZIP	Sunny Isles, Florida, 33160	
TITLE	MGRM	☐ Delete	TITLE	MGRM	☐ Change ☐ Addition
NAME	BIGO, SUSANA A		NAME	BIGO, SUSANA A.	
STREET ADDRESS	13120 SW 92 AVE., BLDG. D, #601		STREET ADDRESS	17570 Atlantic Blvd. Building 4 Apt 105	
CITY ST ZIP	MIAMI, FL 331765787		CITY ST ZIP	Sunny Isles, Florida, 33160	
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		
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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		

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 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: ____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE / Date / Daytime Phone #