

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000045492

Entity Name: MOCAMBO LLC

FILED
Apr 26, 2005
Secretary of State

Current Principal Place of Business:

777 NW 72ND AVENUE, 2M1
MIAMI, FL 33126

New Principal Place of Business:

15429 NE 21STA AVE
NMB, FL 33162

Current Mailing Address:

777 NW 72ND AVENUE, 2M1
MIAMI, FL 33126

New Mailing Address:

15429 NE 21ST AVE
NMB, FL 33162

FEI Number: 20-0451086

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONTRERAS, ANDRES
777 NW 72ND AVENUE, 2M1
MIAMI, FL 33126 US

Name and Address of New Registered Agent:

CONTRERAS, ANDRES
15429 NE 21ST AVE
NMB, FL 33162 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:

04/26/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: ADM, JACQUELINE
Address: 777 NW 72ND AVENUE, 2M1
City-St-Zip: MIAMI, FL 33126

Title: MGR () Delete
Name: RODRIGUEZ, MIRIAM
Address: 777 NW 72ND AVENUE, 2M1
City-St-Zip: MIAMI, FL 33126

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ADM, JACQUELINE
Address: 15429 NE 21ST AVE
City-St-Zip: NMB, FL 33162

Title: MGR (X) Change () Addition
Name: RODRIGUEZ, MIRIAM
Address: 15429 NE 21ST AVE
City-St-Zip: NMB, FL 33162

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ANDRES CONTRERAS

MGR

04/26/2005

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