2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

SECRETARY OF STATE **DOCUMENT #L03000052837** DIVISION OF CORPORATIONS TRANSGLOBAL CORPORATE SERVICES, LLC 07 AUG 13 PM 3:52 Principal Place of Business Mailing Address 520 BRICKELL KEY DR, STE 0-305 520 BRICKELL KEY DR, STE 0-305 MIAMI. FL 33131 MIAMI, FL 33131 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 08032007 CR2E083 (12/06) Chg-LLC City & State City & State 4. FEI Number Applied For 42-1612635 Not Applicable Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TRANSGLOBAL CORP. ADMIN LLC Street Address (P.O. Box Number is Not Acceptable) 520 BRICKELL KEY DR, STE O-305 MIAMI, FL 33131 Zip 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make check payable to Amended AR is \$50.00 Florida Department of State MANAGING MEMBERS/MANAGERS 10. 9. TITLE MGR ☐ Delete TITLE ☐ Change Addition FREEMAN, STEPHEN A NAME 520 BRICKELL KEY DR, STE O-305 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 CITY-ST-ZIP MGR ☐ Delete ☐ Change ☐ Addition TITLE ROJAS, MARCO E NAME STREET ADDRESS STREET ADDRESS 520 BRICKELL KEY DR, STE O-305 BLT CITY-\$T-ZIP MIAMI, FL 33131 CITY-ST-ZIP MGR ☐ Delete ☐ Change ☐ Addition TITLE STANHAM, NICHOLAS NAME 500108702495 520 BRICKELL KEY DR, STE O-305 STREET ADDRESS STREET ADDRESS 08/28/07--01026--008 MIAMI, FL 33131 **50.00 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition LORIE-ARISTONDO, HILDIE NAME STREET ADDRESS 520 BRICKELL KEY DR, STE O-305 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 CITY-ST-ZIP TITLE MGR ☐ Delete TITLE ☐ Change ☐ Addition HABER, ROBERT NAME NAME STREET ADDRESS 520 BRICKELL KEY DR, STE O-305 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 CITY-ST-ZIP TITLE MGR Delete TITLE ☐ Change Addition ALVAREZ, JOSE M NAME NAME STREET ADDRESS 520 BRICKELL KEY DR STE O-305 STREET ADDRESS CITY-ST-7IP MIAMI, FL 33131 CITY-ST-3P 11. I hereby certify that the information supplied with this filling 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 end 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 receive for trusted empowered to execute this report as required by Chapter 608, Florida Statutes. indicated on this report is true and ac limited liability company or the receive