2007 LIMITED LIABILITY COMPANY

Jul 10, 2007 08:00 AM Secretary of State ANNUAL REPORT DOCUMENT # L04000001544 1. Entity Name CLARO DE LUNA MANAGEMENT LLC Principal Place of Business Mailing Address 16500 COLLINS AVE #852 16500 COLLINS AVE #852 NORTH MIAMI, FL 33160 NORTH MIAMI, FL 33160 07052007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 55-0879953 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CORPORATE CREATIONS NETWORK, INC. DO NOT WRITE 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410 IN THIS SPACE 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 reinsleifing) U00000767718 Filing Fee is \$50.00 Due by September 14, 2007 07/10/07-80015-009 50.nn MANAGING MEMBERS/MANAGERS 9. TELE MGR HERRERA, BENJAMIN NAME STREET ADDRESS 16500 COLLINS AVE #852 CITY-ST-ZIP NORTH MIAMI, FL 33160 TIRE. NAME STREET ADDRESS City-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CETY-ST-ZIP TITLE

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 and that the signature shall have the same legal effect as if made under each; that I am a managing member or manager of the limited liability company cyclic receiver or trustee employwered to execute this report as required by Chapter 608, Florida Statutes.

MBER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE

NAME STREET ADDRESS CATY-ST-ZIP

BENJAMIN HERRERA

7/5/2007

FILED