2007 LIMITED LIABILITY COMPANY

FILED **ANNUAL REPORT** Jan 31, 2007 08:00 AM DOCUMENT # L04000001609 **Secretary of State** 1. Entity Name ALLA TWO, LLC Principal Place of Business Mailing Address 1901 NE 197 TERR. 1901 NE 197 TERR. MIAMI, FL 33179 US MIAMI, FL 33179 01232007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3777001 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KOSOY, IGOR DO NOT WRITE 3101 N. COUNTRY CLUB DR. APT,#704 IN THIS SPACE AVENTURA, FL 33180 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 rainstating) DATE Filing Fee is \$50.00 Due by May 1, 2007 MANAGING MEMBERS/MANAGERS ٥. TITLE MGR LITVINOV, BORIS NAME STREET ADDRESS 1901 NE 197 TERR. U00000614138 02/06/07-80013-015 50.00 CITY-ST-ZIP MIAMI, FL 33179 MGR NAME KOSAYA, ALLA 1901 NE 197 TERR. STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33179 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY - ST - ZIP TITLE NAME

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 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 crythe receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE