2007 LIMITED LIABILITY COMPANY

FILED Mar 30, 2007 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # L04000004646 1. Entity Name CD GROUP, LLC Principal Place of Business Mailing Address 3857 WEST 16TH AVE 3857 WEST 16 AVENUE HIALEAH, FL 33012 HIALEAH, FL 33012 01292007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number 20-0748026 \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CAYON, MAURICE DO NOT WRITE 3822 WEST 12TH AVE HIALEAH, FL 33012 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.

Filing Fee is \$50.00 Due by May 1, 2007

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CAYON, MAURICE 3822 WEST 12TH AVE HIALEAH, FL 33012	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS GITY-ST-ZIP		
TITLE NAME STREET ADDRESS		

Signature, typed or printed name of registered agent and title if applicable.

MANAGING MEMBERS/MANAGERS

700060683753 04/06/97-80005-003 50.00

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

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 may 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 of truesde empowered to execute this report as required by Chapter 608, Florida Statutes.

(NOTE: Registered Agent signature required when reinstating)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF

SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #