2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L04000006598

1. Entity Name
SOCAFRA LLC

Principal Place of Business	Mailing Address
3363 NE 163 STREET 809 NORTH MIAMI BEACH, FL 33160 US	3363 NE 163 STREET 809 NORTH MIAMI BEACH, FL 33160 US
2. Principal Place of Business - No P.O. Box #	**3.** Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country	Zip	Country

03192008   Chg-LLC   CR2E083 (12/06)

4. FEI Number	Applied For
20-0636782	Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LIPS, ALAN 666 71ST STREET MIAMI BEACH, FL 33141	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 reinstating)   DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS | **10.** ADDITIONS / CHANGES

TITLE	MGR	☐ Delete	TITLE	MGR	☒ Change	☐ Addition
NAME	ARAUJO, ALEJANDRO		NAME	ALEJANDRO ARAUSO		
STREET ADDRESS	367 GOLDEN BEACH DR		STREET ADDRESS	3363 NE 163 St. 809		
CITY-ST-ZIP	GOLDEN BEACH, FL 33160		CITY-ST-ZIP	NORTH MIAMI BCH. 33160 FL.		

TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

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STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

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CITY-ST-ZIP			CITY-ST-ZIP			

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NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

11. I hereby certify that the information supplied with this filing 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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes

SIGNATURE: _Alejandro Araujo_   ALE. ARAUJO.   786-274-1414
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #