2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Apr 27, 2005 8:00 am Secretary of State **DOCUMENT # L04000012959** 04-27-2005 90033 035 ****50.00 1. Entity Name JUAN FELIX BRAVO P.L. Principal Place of Business Mailing Address 9010 SW 137 AVE, STE EC-219 14002016 14714 SW 107 TERR **MIAMI, FL 33186** MIAMI, FL 33196 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04232005 Chg-LLC CR2E083 (10/03) City & State City & State 4. FEI Number Applied For Not Applicable Zip Country 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 BRAVO, JUAN F 14714 SW 107 TERR Street Address (P.O. Box Number is Not Acceptable) MIAMI, FL 33196 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 4 applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Fiorida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MERM TITLE TITLE ☐ Change ☐ Addition ☐ Delete JUAN Felix BYAVO NAME NAME 14714 SW 107th Tear STREET ADDRESS STREET ADDRESS niami, Fl. 33/96 CITY-ST-ZIP CHY-ST-ZIP TITLE ☐ Delete TITLE Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Detete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME MALAF STREET ADORESS 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 L. Change ☐ Delete TITLE ☐ Addition NAME -NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ,11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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.