2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L04000013109 DIVISION OF CORPORATIONS ALASTOR, LLC 07 OCT 25 PM 4: 03 Principal Place of Business Mailing Address 6301 S.W. 110TH STREET 6301 S.W. 110TH STREET MIAMI, FL 33156 MIAMI, FL 33156 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 10022007 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 20-0903713 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ATRIUM REGISTERED AGENTS, INC. Street Address (P.O. Box Number is Not Acceptable) 1500 SAN REMO AVENUE, SUITE 125 CORAL GABLES, FL 33146 City Zip Code FL 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 Make check payable to Amended AR is \$50.00 while wisher will restain the training ADDITIONS/CHANGES 9. MANAGING MEMBERS/MANAGERS 10. MGRM Change TITLE TITLE Addition Delete 500111641885 11/02/07--01037--010 **50.00 PARODY, ALFREDO NAME NAME 6301 SW 110 ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33156 CITY-ST-ZIP MGR ☐ Delete TITLE ☐ Change Addition TITLE NAME Angel, Liliana 6301 SW 110 St. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Miami, FL 33156 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 QTY-ST-ZIP Defete Change Addition TITLE TITL NAME NAM STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete Аме NAME STREET ADDRESS TREET 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 his report as required by Chapter 608, Florida Statutes. 10/15/07 SIGNATURE: Daytime Phone # SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date

SECRETARY OF STATE

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October 16, 2007

Secretary of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: Alastor, LLC

Client File No. 6363L (a)

To Whom It May Concern:

Enclosed herewith please find for filing Amended Annual Report for the above captioned limited liability company. In addition, enclosed please find our check in the amount of \$50.00 for the filing fees.

Please update your records to reflect the addition of Mrs. Liliana Angel as Manager.

Very truly yours,

PACKMAN, NEUWAHL & ROSENBERG

OSELIA Y ESPINAI

Legal Assistant

OYE/

cc: Jose L. Nuñez

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