FILED
Feb 08, 2007 8:00 am
Secretary of State

02-08-2007 90139 016 ****50.00

2007 LIMITED LIAB_ITY COMPANY ANNUAL REPORT

DOCUMENT # L04000020269

1. Entity Name
XTRAMAC, LLC

00013330

Principal Place of Business	Mailing Address
C/O NICOLAS FERNANDEZ 780 NW LE JEUNE ROAD, STE. 324 MIAMI, FL 33126	C/O NICOLAS FERNANDEZ 780 NW LE JEUNE ROAD, STE. 324 MIAMI, FL 33126

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
10 N.W. LE JEUNE ROAD	10 N.W. LE JEUNE ROAD
Suite, Apt. #, etc.: SUITE 500	Suite, Apt. #, etc.: SUITE 500
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33126 Country:	Zip: 33126 Country:

01152007 Chg-LLC CR2E083 (12/06)

4. FEI Number: 90-5706598 ☐ Applied For ☐ 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
ESQUIRE CORPORATE SERVICES, INC. 780 NW LE JUENE ROAD, STE. 324 MIAMI, FL 33126	Name: ESQUIRE CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable): 10 N.W. LE JEUNE ROAD, STE. 500 City: MIAMI FL Zip Code: 33126

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] 2/7/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MACEDO, JAVIER 780 NW LE JEUNE RD STE 324 MIAMI, FL 33126	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MACEDO, JAVIER 10 N.W. LE JEUNE ROAD STE 500 MIAMI, FL 33126	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] 01/26/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #