


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000021407 1. Entity Name CANGRO, LLC	
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Principal Place of Business C/O LISA CANNON 17400 SW 180TH AVENUE MIAMI, FL 33173	Mailing Address C/O LISA CANNON 17400 SW 180TH AVENUE MIAMI, FL 33173
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DO NOT WRITE IN THIS SPACE



01052007No Chg-LLC

CR2E083 (11/05)

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**TURK, HAROLD J ESQ.
1428 BRICKELL AVE., SUITE 206
MIAMI, FL 33131**

**DO NOT WRITE
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.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____


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

U00000687607
04/10/07-80046-011 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GROSS, GARY P.O. BOX 330106 MIAMI, FL 332330106
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GROSS, LOUISE P.O. BOX 330106 MIAMI, FL 332330106
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CANNON, LISA A 17400 SW 180TH STREET MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CANNON, RUTH 17845 SW 174TH STREET MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  **Lisa Cannon** 3/20/07 305-234-7960

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #