2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000039468

1. Entity Name PAKA PAKA, LLC



Principal Place of Business

2241 NE 192ND STREET AVENTURA, FL 33160 Mailing Address

2241 NE 192ND STREET AVENTURA, FL 33160

FILED Apr 24, 2006 8:00 am Secretary of State

04-24-2006 90039 050 ****50.00

たいいいエットリ



04082006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1176347

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

Status Desired Fee R

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

RAN, SIMA 2241 NE 192ND STREET AVENTURA, FL 33160

DO NOT WRITE IN THIS SPACE

SIGNATURE Specific or project of a point and point and bits if another bloom another bloom and bits if another bloom another bloom and bits if another bloom and bits if another bloom another bloom and bits if another bloom another bloom another bloom another bloom another bloom another bloom another blo		we named entity submits this statement for the purpose of chang gations of registered agent.	ling its registered office or registered agent, or b	ooth, in the State of Florida. am familiar with, and accept
	SIGNATUR	E Signature, typed or printed name of recistered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE

Filing Fee is \$50.00 Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AGAJAN, ZVI 2241 NE 192ND STREET AVENTURA, FL 33160	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AGAJAN, ARIE 2241 NE 192ND STREET AVENTURA, FL 33160	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: 🚅

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

× 4/17/06

<u> (786-30/-772</u>-

Daytime Phone