
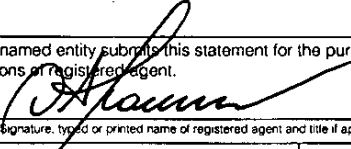


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 01, 2006 8:00 am
Secretary of State

09-01-2006 90035 028 ****50.00

DOCUMENT # L04000051297 1. Entity Name KEOPS INVESTMENTS, LLC					
Principal Place of Business 13951 SW 66 ST APT. 310-A MIAMI, FL 33183 US			Mailing Address 13951 SW 66 ST APT. 310-A MIAMI, FL 33183 US		
2. Principal Place of Business 10485 NW 37 TER Suite, Apt. #, etc.		3. Mailing Address 10485 NW 37 TER Suite, Apt. #, etc.			
City & State MIAMI, FLORIDA		City & State MIAMI, FLORIDA		4. FEI Number NOT APPLICABLE 201451400	
Zip 33178		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent Name OSWALDO ALVAREZ Street Address (P.O. Box Number is Not Acceptable) 10485 NW 37 TER City MIAMI FL Zip Code 33178		
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  DATE 8.24.06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALVAREZ, OSWALDO 13951 SW 66 ST, APT. 310-A MIAMI, FL 33183	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FADEL, FUAD VLN 3070 PO BOX 025685 MIAMI, FL 33102	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FADEL, FUAD VLN 3070 PO BOX 025685 MIAMI, FL 33102	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FADEL, FUAD VLN 3070 PO BOX 025685 MIAMI, FL 33102	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FADEL, FUAD VLN 3070 PO BOX 025685 MIAMI, FL 33102	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FADEL, FUAD VLN 3070 PO BOX 025685 MIAMI, FL 33102	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FADEL, FUAD VLN 3070 PO BOX 025685 MIAMI, FL 33102	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> 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: 		Date 8.24.06 Daytime Phone # (305) 9684184			