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Apr 13, 2006 8:00 am
Secretary of State
03-24-2006 90216 046 ****50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000052695

1. Entity Name
SDYMA LLC.

Principal Place of Business	Mailing Address
4525 N. PINE ISLAND RD. SUNRISE, FL 33351 US	11820 N W 34TH PL SUNRISE, FL 33323 US

30004928

03172006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
10948 NW 26 ST	10948 NW 26ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sunrise, FL	City & State: Sunrise, FL
Zip: 33322 Country: US	Zip: 33322 Country: US

4. FEI Number: 43-2055949 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

AGUERO, SARA I
11820 N W 34TH PL
SUNRISE, FL 33323

7. Name and Address of New Registered Agent

Name: Sara I. Deyarza
Street Address (P.O. Box Number is Not Acceptable): 10948 NW 26 ST
City: Sunrise FL Zip Code: 33322

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AGUERO, SARA 11820 NW 34TH PL SUNRISE, FL 33323	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sara I. Deyarza 10948 NW 26 ST Sunrise, FL 33322 ☑ 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
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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] 4/3/06 9547469164
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE / Date / Daytime Phone #