FILED Mar 13, 2006 8:00 am Secretary of State 02-20-2006 90138 040 ***150.00

1. Entity Name JALIS CO., LLC											
Principal Place of Business 1117 SW 117 COURT MIAMI, FL 33184				Mailing Address 1117 SW 117 COURT MIAMI, FL 33184			30002294				
2. Principal Place of Business				3. Mailing Address							
Suite, Apt. #, etc.			Su	Suite, Apt. #, etc.			02162006	Chg-LLC	CR2E08	3 (11/05)	
City & State			Cit	City & State			4. FEI Numb			<u> </u>	opřied For ot Applicable
Zip	Country			Zip Cour		try	Certificate of Status Desired				
6. Name and Address of Current R				red Agent		Name	7. Name and	Address of New R	egistered Ag	ent	
SOTELDO, C. VANESSA 1117 SW 117 COURT MIAMI, FL 33184				<u> </u>			(P.O. Box Number is Not Acceptable)				
				City					FL	Zip Cod	B
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. It am familiar with, and accept the obligations of registered agent.											
SIGNATURE Signature, typod or printed name of registated agent and title if applicable. (NOTE: Registered Agent agent encured when renstating) DATE											
Filing Fee is \$50.00 Due by May 1, 2006							Make check payable to Florida Department of State				
9.		MANAGING A	MEMBERS/MAI		10.			ADDITIONS			
NAME STREET ADDRESS CITY-ST-ZIP	MGRM SOTELDO, 1117 SW 11 MIAMI, FL 3			□ Dežeta					•	□ Change .	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-			☐ Delate						Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		^		☐ Delete					[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 AND TYPEDOR PRINTED NAME OF SIGNING MANAGER OR AUTHORIZED REPRESENTATIVE Date Design Proces Design Proces											



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 22, 2006

JALIS CO., LŁC 1117 SW 117 COURT MIAMI, FL 33184

Subject: JALIS CO., LLC

Reference Number:

L04000060238

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by a managing member, manager or an authorized representative of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/CD ANNUAL REPORTS SECTION