FILED
May 25, 2006 8:00 am
Secretary of State
04-19-2006 90018 037 ****50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000070023

1. Entity Name
OSDANY PENA, LLC

30008917

Principal Place of Business	Mailing Address
8937 NW 120 TERRACE MIAMI, FL 33018 US	8937 NW 120 TERRACE MIAMI, FL 33018 US

04112006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
301 SE 3 St #306.	301 SE 3 St #306.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DANIA, FL.	City & State: DANIA, FL.
Zip: 33004 Country:	Zip: 33004 Country:

4. FEI Number: 20-0476461 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PENA, OSDANY
8937 NW 120 TERRACE
MIAMI, FL 33018

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 [signature] 04/15/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	MGRM / PENA, OSDANY / 8937 NW 120 TERRACE / MIAMI, FL 330418 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	301 SE 3 St #306 / DANIA, FL 33004. ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: xOsdany Pena Precidente [signature] 05/20/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #