

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000070268

Entity Name: HAKAMAI, LLC

FILED
Sep 06, 2005
Secretary of State

Current Principal Place of Business:

18520 NORTHWEST 67AVE
SUITE 171
MIAMI, FL 33015 US

New Principal Place of Business:

Current Mailing Address:

18520 NORTHWEST 67TH AVE
SUITE 171
MIAMI, FL 33015 US

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

LORENZO, MARTHA
18520 NORTHWEST 67AVE
SUITE 171
MIAMI, FL 33015 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ELLIE, JEAN- CLAUDE
Address: 18520 NORTHWEST 67TH AVE SUITE 171
City-St-Zip: MIAMI, FL 33015 US

Title: MGR () Delete
Name: LORENZO, MARTHA
Address: 18520 NORTHWEST 67TH AVE SUITE 171
City-St-Zip: MIAMI, FL 33015 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ELIE, JEAN- CLAUDE
Address: 18520 NORTHWEST 67TH AVE SUITE 171
City-St-Zip: MIAMI, FL 33015 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MARTHA L. LORENZO

MGR

09/06/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date