2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Aug 07, 2006 8:00 am Secretary of State **DOCUMENT # L04000082187** 08-07-2006 90110 013 ****50.00 1. Entity Name LIJAI L.L.C. Principal Place of Business Mailing Address PUUDITUU 10556 NW 26 ST. 10556 NW 26 ST. SUITE D-101 SUITE D-101 DORAL, FL 33172 DORAL, FL 33172 2. Principal Place of Business 3. Mailing Address 10.544 NW 05 HH Suite, Apt. #, etc. Suite, Apt. #, etc. 06092006 Chg-LLC CR2E083 (11/05) 202 201 City & State City & State Applied For 4. FEI Number DoRa DoRa 20-1882491 Not Applicable Zip Country \$5.00 Additional Country Zip 5. Certificate of Status Desired 3 3 33172 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CABANAS & ASSOCIATES, P.A. Street Address (P.O. Box Number is Not Acceptable) 10520 NW 26 ST. SUITE C 201 **DORAL, FL 33172** City Zip Code FL 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, typed or printed name of registered agent and title if applicable DATE Filing Fee is \$50.00 Due by September 6, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM Change TITLE ☐ Delete TITLE MGR ☐ Addition SCATTOLINI, MAURO MGRM NAME NAME Scattolini 10556 NW 26 ST SUITE D-101 STREET ADDRESS STREET ADDRESS 0544,NW COTY-ST-7IP DORAL, FL 33172 CITY-ST-ZIP ☐ Change Addition MGRM Delete TITLE TITLE Dania 26 St. Scattolini, 10544 NW PROFETA, CONSTANZA L MGRM NAME NAME STREET ADDRESS 10556 NW 26 ST SUITE D-101 STREET ADDRESS CITY-ST-ZIP DORAL, FL 33172 CITY-ST-ZIP TITLE -☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change ■ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 regarder of trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE:

FILED

Mauro ScaT