2007 LIMITED LIABILITY COMPANY

FILED **ANNUAL REPORT** Feb 16, 2007 08:00 All Secretary of State **DOCUMENT # L04000083851** 1. Entity Name MIAMI FIGHT ZONE, L.L.C. Principal Place of Business Mailing Address 6187 MIAMI LAKES DRIVE EAST 6187 MIAMI LAKES DRIVE EAST MIAMI LAKES, FL 33014 MIAMI LAKES, FL 33014 02052007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1916546 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent GONZALES, MANUEL DO NOT WRITE **7205 NW 19 STREET SUITE 301** IN THIS SPACE MIAMI, FL 33144 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 (NOTE: Registered Agent signiture required when reinstating) Filing Fee is \$50.00 Due by May 1, 2007 U00000641111 MANAGING MEMBERS/MANAGERS Я. TITLE MGRM MALIF ALVAREZ, WALTER STREET ADDRESS 6187 MIAMI LAKES DRIVE EAST CITY-ST-ZIP MIAMI LAKES, FL 33014 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 thy pignature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company on the receipt for trustee employeered to execute this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

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