

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000085288

Entity Name: HECHOS GROUP, LLC

FILED
Mar 28, 2006
Secretary of State

Current Principal Place of Business:

1564 S. DIXIE HWY, SUITE 113
CORAL GABLES, FL 33146

New Principal Place of Business:

6724 NW 72ND AVE
MIAMI, FL 33166

Current Mailing Address:

1564 S. DIXIE HWY, SUITE 113
CORAL GABLES, FL 33146

New Mailing Address:

6724 NW 72ND AVE
MIAMI, FL 33166

FEI Number: 20-1929819

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEON, WILFREDO
1564 S. DIXIE HWY, SUITE 113
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

LEON, WILFREDO
6724 NW 72ND AVE
MIAMI, FL 33166 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: WILFREDO LEON

03/28/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LEON, WILFREDO
Address: 1564 S. DIXIE HWY, SUITE 113
City-St-Zip: CORAL GABLES, FL 33146

Title: MGRM () Delete
Name: LEON, SOBEIRA
Address: 1564 S. DIXIE HWY, SUITE 113
City-St-Zip: CORAL GABLES, FL 33146

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: LEON, WILFREDO
Address: 6724 NW 72ND AVE
City-St-Zip: MIAMI, FL 33166

Title: MGRM (X) Change () Addition
Name: LEON, SOBEIRA
Address: 6724 NW 72ND AVE
City-St-Zip: MIAMI, FL 33166

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: WILFREDO LEON

MGR

03/28/2006

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