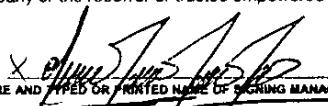


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 21, 2007 8:00 am
Secretary of State

03-06-2007 90077 018 ****50.00

DOCUMENT # L04000087446					
1. Entity Name INVERSIONES GONZALEZ, L.L.C.					
Principal Place of Business 5827 SHERIDAN STREET HOLLYWOOD, FL 33021 US			Mailing Address 5827 SHERIDAN STREET HOLLYWOOD, FL 33021 US		
2. Principal Place of Business - No P.O. Box # 5821 Sheridan Street Suite, Apt. #, etc.		3. Mailing Address 5821 Sheridan street Suite, Apt. #, etc.			
City & State Hollywood FL		City & State Hollywood FL		4. FLL Number NOT APPLICABLE	
Zip 33021		Country USA		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GONZALEZ, SANDRA 19544 SW 42ND COURT MIRAMAR, FL 33029			7. Name and Address of New Registered Agent Name: Rodolfo, Leon Street Address (P.O. Box Number is Not Acceptable): 5821 Sheridan Street City: Hollywood FL Zip Code: 33021		
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 _____ (NOTE: Registered Agent signature required when re-issuing) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEON, RODOLFO 5827 SHERIDAN STREET HOLLYWOOD, FL 33021	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEON, Rodolfo 5821 Sheridan street Hollywood, FL 33021	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OLAYA, JAIME 5827 SHERIDAN STREET HOLLYWOOD, FL 33021	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OLAYA, JAIME 5821 Sheridan street Hollywood, FL 33021	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	☐ Change ☐ Addition
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: 			02-28-07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

3/6/2007-90077-018-\$50.00-\$50.00

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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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEON, RODOLFO 5827 SHERIDAN STREET HOLLYWOOD, FL 33021	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEON, RODOLFO 5821 SHERIDAN STREET HOLLYWOOD, FL 33021	☒ Change ☐ Addition
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SIGNATURE: <u>Rodolfo Leon</u>			02-28-07		
SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		

ATTACHMENT

30003054