## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000093673

1. Entity Name
DIWALDO ACQUISITIONS, LLC



FILED Apr 28, 2008 08:00 AN Secretary of State

Principal Place of Business 5835 BLUE LAGOON DR SUITE 302 MIAMI, FL 33126 Mailing Address

5835 BLUE LAGOON DR SUITE 302

MIAMI, FL 33126



02152008 No Chg-LLC

CR2E083 (12/07)

| 4. | FEI Number |  |  |  |
|----|------------|--|--|--|
|    | 20-2115147 |  |  |  |

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

|   | 6. | Name | and | Address | of | Current | Registered |  |
|---|----|------|-----|---------|----|---------|------------|--|
| - |    |      |     |         | _  |         |            |  |

MEDEROS, JORGE C 5835 BLUE LAGOON DR SUITE 302 MIAMI, FL 33126

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| <ol><li>The above named entity submits this</li></ol> | s statement for t | ne 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

9.

Signature, typed or printed name of registered agent and title if applicable

MANAGING MEMBERS/MANAGERS

(NOTE: Registered Agent signature required when reinstating)

U00000927**P**UI

95/29/98-89116-018 138.75

## FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>MEDEROS, JORGE C<br>5835 BLUE LAGOON DR., STE. 302<br>MIAMI, FL 33126 |  |  |
|--|---|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   |  |  |
| NAME STREET ADDRESS CITY-ST-ZIP  |   |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   |  |  |
| 11. I hereby certify that the information supplied with this filing does not qualify for the e |   |  |  |

## DO NOT WRITE IN THIS SPACE

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.

TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHO

7/2008

Daytime Phone #