2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # L05000001650

1. Entity Name

CIELO INVESTMENT GROUP, LLC

Ele More



Principal Place of Business 7760 W. 20TH AVENUE SUITE 1 HIALEAH. FL 33016 Mailing Address

7760 W. 20TH AVENUE SUITE 1

HIALEAH, FL 33016

FILED May 14, 2008 8:00 am Secretary of State

05-14-2008 90079 007 ***138.75



04102008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-4433829 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

18. 41. W. T.

WEINTRAUB, ABRAHAM 7760 W. 20TH AVENUE SUITE 1 HIALEAH, FL 33016

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 The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent. 		
SIGNATURE.	·	<u> </u>
	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating) DATE
	E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75	
9.	MANAGING MEMBERS/MANAGERS	The state of the s

MGRM TITLE WEINTRAUB, ABRAHAM NAME 7760 W. 20TH AVENUE, SUITE 1 STREET ADDRESS CITY-ST-ZIP HIALEAH, FL 33016 **MGRM** TITLE RUIZ, MIGUEL NAME 7760 W. 20TH AVENUE, SUITE 1 STREET ADDRESS CITY-ST-ZIP HIALEAH, FL 33016 TITLE DELEKE WEINTRAND, SAMUEL NAME 7431 MAMI VIEW DR. STREET ADDRESS MIAMI BEACH, FL 33141 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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11. I hereby certify that the information supplied with this filling 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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

305-557-9398

Daytime Phone #