

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000009246

Entity Name: KANTIN ACQUISITION, LLC

FILED
Jun 15, 2007
Secretary of State

Current Principal Place of Business:

1906 TIMBERLAND ROAD
WESTON, FL 33327

New Principal Place of Business:

3363 NE 163 STREET
SUITE 707
NORTH MIAMI BEACH, FL 33160

Current Mailing Address:

1906 TIMBERLAND ROAD
WESTON, FL 33327

New Mailing Address:

3363 NE 163 STREET
SUITE 707
NORTH MIAMI BEACH, FL 33160

FEI Number: 20-4606866 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

KRAUSE & GOLDBERG P.A.
1792 BELL TOWER LANE
WESTON, FL 33326 US

Name and Address of New Registered Agent:

NAMNUM, EDUARDO MGRM
3363 NE 163 STREET
SUITE 707
NORTH MIAMI BEACH, FL 33160 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: EDUARDO NAMNUM

06/15/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MEM () Delete
Name: NAMNUM, EDUARDO MEM
Address: 1906 TIMBERLINE ROAD
City-St-Zip: WESTON, FL 33327

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: NAMNUM, EDUARDO MGRM
Address: 3363 NE 163 STREET SUITE 707
City-St-Zip: NORTH MIAMI BEACH, FL 33160

I hereby certify that the information supplied with this filing does not qualify 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: EDUARDO NAMNUM

MGRM

06/15/2007

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