2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000029495

6543 SW 162 PATH

MIAMI, FL 33193

Address:

City-St-Zip:

Entity Name: CASA DAVINCCI, LLC

FILED Mar 06, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 8005 W. 20TH AVENUE HIALEAH, FL 33014 **Current Mailing Address: New Mailing Address:** 8005 W. 20TH AVENUE HIALEAH, FL 33014 FEI Number: 83-0424495 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GARCIA, RANDOLPH 8005 W. 20TH AVENUE HIALEAH, FL 33014 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGR Title: () Change () Addition () Delete GARCIA, RANDOLPH Name: Name: Address: 8005 W. 20TH AVENUE Address: City-St-Zip: HIALEAH, FL 33014 City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: VEGA, ORLANDO Name: Address: 14160 PALMETTO FRONTAGE ROAD Address: City-St-Zip: MIAMI LAKES, FL 33016 City-St-Zip: Title: MGR () Delete Title: () Change () Addition FUENTES, DANIEL Name: Name: 16001 NW 79TH AVENUE Address: Address: City-St-Zip: MIAMI LAKES, FL 33016 City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: ALFONSO, JORGE Name:

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.

Address:

City-St-Zip:

SIGNATURE: RANDY GARCIA MGR 03/06/2007