2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

FILED
May 01, 2006 8:00 am
Secretary of State
05-01-2006 90078 031 ****50.00

DOCUMENT # L05000029789 1. Entity Name SAFIŔA, LLC 20041413 Principal Place of Business Mailing Address **354 SEVILLA AVENUE 354 SEVILLA AVENUE** CORAL GABLES, FL 33134 CORAL GABLES, FL 33134 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04262006 Chg-LLC CR2E083 (11/05) City & State City & State Applied For 20-4762479 Not Applicable Zip Country Country Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KOSS, A. ESQ Street Address (P.O. Box Number is Not Acceptable) 782 N.W. 42ND AVENUE STE 448 MIAMI, FL 33126 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10 TITLE MGRM ☐ Delete TITLE Change Addition MARQUEZIN, LUIZ A. NAME NAME STREET ADDRESS STREET ADDRESS 354 SEVILLA AJENUE CITY-ST-ZIP CITY-ST-ZIP CORAL GARJES FL. 33/34 TITLE Delete TITLE P. S. Сhange **Addition** CEBAILOS, HAYDEE NAME NAME 354 SEVILLA AVENUE CORAL CABLES FL. 3 STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CITY-ST-ZIP 33/34 TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

HAYDEE CURANIOS Y/22/06 305448-5255 SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE PISCE