2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED May 29, 2007 8:00 A.M. Secretary of State **DOCUMENT #L05000029877** ISMAEL MEJIA, LLC Mailing Address Principal Place of Business 7602 PINERY WAY-7602 PINERY WAY-5-A TAMPA: FL - 33615 TAMPA, FL 33615. 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Macholia 5 05292007 Chg-LLC CR2E083 (12/06) 4. FEI Number Applied For 09-5688573 Not Applicable Country Country Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MEJIA, ISMAEL Street Address (P.O. Box Number is Not Acceptable) 7602 PINERY WAY #5-A TAMPA, FL 33615 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) Filing Fee is \$50.00 Due by September 14, 2007 Make check payable to Florida Department of State ADDITIONS/CHANGES 9. MANAGING MEMBERS/MANAGERS 10. MGRM Change TITLE ☐ Delete TITLE ☐ Addition MEJIA, ISMAEL NAME NAME STREET ADDRESS 500 S. HIMES AVE., #14 STREET ADDRESS TAMPA: FL-33609 3230 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME **400103429924** 05/29/07--01016--016 **50.00 STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Defete ☐ Change 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 ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608. Florida Statutes.

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