



**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 11, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000033299 1. Entity Name TONISA GROUP, LLC	
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Principal Place of Business 9453 SW 125 TERRACE MIAMI, FL 33176 US	Mailing Address 9453 SW 125 TERRACE MIAMI, FL 33176 US
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DO NOT WRITE IN THIS SPACE


01052008No Chg-LLC CR2E083 (12/07)
4. FEI Number **20-2629145** Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent
**SILVERMAN, STEVEN
9500 S. DADELAND BLVD.
550
MIAMI, FL 33156**

**DO NOT WRITE
IN THIS SPACE**

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 Steven Silverman DATE 1/4/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM MENASCE, ISSAC 9453 SW 125 TERRACE MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM MENASCE, JACQUES 11715 SW 142ND PLACE MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM SHALOM, ANTHONY 333 GOLDEN BEACH DRIVE GOLDEN BEACH, FL 33160
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM SHALOM, MICHAEL 1121 HARBOUR COURT HOLLYWOOD, FL 33019
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

U00000781284
01/15/08-80027-021 143.75
**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: ISSAC MENASCE DATE 1/4/08 (305) 804-0299
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #