

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000036165

Entity Name: JOGRAMO, L.L.C.

FILED
Apr 20, 2006
Secretary of State

Current Principal Place of Business:

4340 SHERIDAN ST, SECOND FLOOR
HOLLYWOOD, FL 33021

New Principal Place of Business:

151 N. NOB HILL ROAD
SUITE # 128
PLANTATION, FL 33324

Current Mailing Address:

4340 SHERIDAN ST, SECOND FLOOR
HOLLYWOOD, FL 33021

New Mailing Address:

151 N. NOB HILL ROAD
SUITE # 128
PLANTATION, FL 33324

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SERFATY, CHARLES S ESQ
4340 SHERIDAN ST, SECOND FLOOR
HOLLYWOOD, FL 33021 US

Name and Address of New Registered Agent:

GALLEGO, MOISES
151 N. NOB HILL ROAD
SUITE #128
PLANTATION, FL 33324 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: MOISES GALLEGO

04/20/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GALLEGO, MOISES
Address: 151 N NOB HILL RD #128
City-St-Zip: PLANTATION, FL 33324

Title: MGR () Delete
Name: GALLEGO, GRACE
Address: 151 N NOB HILL RD #128
City-St-Zip: PLANTATION, FL 33324

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: MOISES GALLEGO

MGR

04/20/2006

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