

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000047744

Entity Name: ARPHA GROUP LLC

FILED
Feb 12, 2008
Secretary of State

Current Principal Place of Business:

4620 SW 74 AVE
MIAMI, FL 33155

New Principal Place of Business:

Current Mailing Address:

4620 SW 74 AVE
MIAMI, FL 33155

New Mailing Address:

FEI Number: 20-3101268

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AGUSTIN DE GOYTISOLO P.A.
1550 MADRUGA AVE., SUITE 403
CORAL GABLES, FL 331463019 US

Name and Address of New Registered Agent:

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:

Title: MGR () Delete
Name: GOYTISOLO HOLDINGS L, LC
Address: 600 BILTMORE WAY APT 1205
City-St-Zip: CORAL GABLES, FL 334347534

Title: MGR () Delete
Name: GUETARIA INVESTMENTS, , INC.
Address: 4004 SAN AMARO DRIVE
City-St-Zip: CORAL GABLES, FL 33146

Title: MGR () Delete
Name: RYAN CAMPERIO, CAROLINA
Address: VIA SAN GIOVANNI SUL MURO #14
City-St-Zip: 21021 MILANO, ITALY, XX

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: GUETARIA INVESTMENTS, , LLC
Address: 4620 S.W. 74TH AVENUE
City-St-Zip: MIAMI, FL 33155

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

I hereby certify that the information supplied with this filing does not qualify 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: JAMES MOZINA

MGR

02/12/2008

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