

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000050573

Entity Name: PAGARE, LLC.

FILED
Mar 28, 2007
Secretary of State

Current Principal Place of Business:

PO BOX 1093
N. MIAMI BEACH, FL 33160 US

New Principal Place of Business:

2071 S OCEAN DR
TH19
HALLANDALE BEACH, FL 33009 US

Current Mailing Address:

2071 S OCEAN DR
TH # 19
HALLANDALE, FL 33009 US

New Mailing Address:

FEI Number: 20-3490853 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

A & J ADVISORY SERVICE, INC.
2620 BUTTONWOOD AVE
MIRAMAR, FL 33025 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: MGRM () Delete
Name: STRAPEC, PAVOL
Address: TICHIA 34
City-St-Zip: 811 04 BRATISLAVA, OC 00000 EZ

Title: MGRM () Delete
Name: KOLLAR, GABRIEL ING
Address: FRANTISKANSKE NAM 7
City-St-Zip: 800 01 BRATISLAVA, OC 00000 EZ

Title: MGR () Delete
Name: HOLUBEC, ERIK
Address: 2071 S OCEAN DRINE TH # 19
City-St-Zip: HALLANDALE, FL 33009 US

ADDITIONS/CHANGES:

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

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: ERIK HOLUBEC

MGR

03/28/2007

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