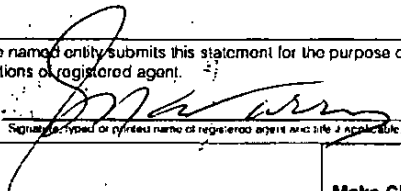


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 31, 2007 8:00 am
Secretary of State

05-02-2007 90338 036 ****50.00

DOCUMENT # L05000060255			
1. Entity Name GUAMA I, LLC			
Principal Place of Business 7620 MIAMI VIEW DRIVE NORTH BAY VILLAGE FL 33141		Mailing Address 7620 MIAMI VIEW DRIVE NORTH BAY VILLAGE FL 33141	
2. Principal Place of Business - No P.O. Box # Same as above		3. Mailing Address P.O. Box 416023	
City & State MIAMI BEACH		4. FEI Number 20-4972467	
Zip 33141		Country MIAMI	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent M & W AGENTS, INC. 2101 CORPORATE BLVD., SUITE 107 BOCA RATON FL 33431		7. Name and Address of New Registered Agent Name: GUALBERTO NAVARRO Street Address (P.O. Box Number is Not Acceptable): 7620 MIAMI VIEW DR. NORTH BAY VILLAGE City: FL Zip Code: 33141	
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: 		DATE: 5/1/07	
(NOTE: Registered Agent signature required when registering)			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P NAVARRO, GUALBERTO 7620 MIAMI VIEW DR. MIAMI BEACH FL 33141 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	S NAVARRO, MARIA M 7620 MIAMI VIEW DR. MIAMI BEACH FL 33141 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 		DATE: 5/1/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date: Daytime Phone #	