2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 05, 2009
Secretary of State

DOCUMENT# L05000060371

Entity Name: PLATIKA LLC

Current Principal Place of Business:

8550 N.W. 33 STREET
201
DORAL, FL 33122

New Principal Place of Business:

Current Mailing Address:

8550 N.W. 33 STREET
201
DORAL, FL 33122

New Mailing Address:

FEI Number: 47-0955895 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

IBARRA, JOSE D
8850 N.W. 33 STREET
201
DORAL, FL 33122 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: IBARRA, JOSE D
Address: 8550 N.W. 33 STREET
City-St-Zip: DORAL, FL 33122

Title: MGRM ( ) Delete
Name: RAMIREZ, JAVIER
Address: 8550 N.W. 33 STREET
City-St-Zip: DORAL, FL 33122

Title: MGRM ( ) Delete
Name: MERCED, MIGUEL
Address: 8550 N.W. 33 STREET
City-St-Zip: DORAL, FL 33122

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: IBARRA, JOSE D
Address: 8550 N.W. 33 STREET SUITE 201
City-St-Zip: DORAL, FL 33122

Title: MGRM (X) Change ( ) Addition
Name: RAMIREZ, JAVIER
Address: 8550 N.W. 33 STREET SUITE 201
City-St-Zip: DORAL, FL 33122

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: JOSE IBARRA MGR 03/05/2009

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