

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L05000066869

FILED
Jun 11, 2008
Secretary of State**Entity Name:** HISPANIOLA GROUP LLC**Current Principal Place of Business:**18501 PINES BLVD
SUITE 339
PEMBROKE PINES, FL 33029**New Principal Place of Business:****Current Mailing Address:**18501 PINES BLVD
SUITE 300
PEMBROKE PINES, FL 33029**New Mailing Address:****FEI Number:****FEI Number Applied For (X)****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**WEST INTERNATIONAL CONSULTING, LLC
18501 PINES BLVD
SUITE 337
PEMBROKE PINES, FL 33029 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: PEREZ, M.MARIO
Address: 18501 PINES BLVD SUITE 339
City-St-Zip: PEMBROKE PINES, FL 33029Title: MGR () Delete
Name: PEREZ GARCIA, MARIO
Address: 18501 PINES BLVD SUITE 339
City-St-Zip: PEMBROKE PINES, FL 33029Title: MGR (X) Delete
Name: PEREZ, MARCOS A
Address: 18501 PINES BLVD SUITE 339
City-St-Zip: PEMBROKE PINES, FL 33029**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 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: MP

MGR

06/11/2008

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