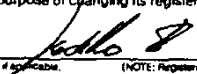
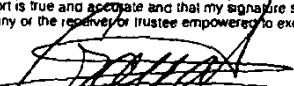


# 2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 JUN 15 AM 11:08

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                              |                                                                                                                                                                                                                             |                                                                                                                                                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DOCUMENT # L05000068626                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                              |                                                                                                                                            |                                                                                                                                                             |
| 1. Entity Name<br>CIMAX VERTICAL INTEGRATIONS LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                              |                                                                                                                                                                                                                             |                                                                                                                                                             |
| Principal Place of Business<br>3169 NE 163RD STREET<br>NORTH MIAMI BEACH, FL 33160                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                              | Mailing Address<br>3169 NE 163RD STREET<br>NORTH MIAMI BEACH, FL 33160                                                                                                                                                      |                                                                                                                                                             |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                              | 3. Mailing Address                                                                                                                                                                                                          |                                                                                                                                                             |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                              | Suite, Apt. #, etc.                                                                                                                                                                                                         |                                                                                                                                                             |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                              | City & State                                                                                                                                                                                                                |                                                                                                                                                             |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Country                                                                                                      | Zip                                                                                                                                                                                                                         | Country                                                                                                                                                     |
| 4. FEI Number<br>20-3183063                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                              | Applied For<br>Not Applicable                                                                                                                                                                                               |                                                                                                                                                             |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                              | \$5.00 Additional Fee Required                                                                                                                                                                                              |                                                                                                                                                             |
| 6. Name and Address of Current Registered Agent<br>WORLD CORPORATE SERVICES, INC.<br>2665 SOUTH BAYSHORE DRIVE, SUITE 703<br>MIAMI, FL 33133                                                                                                                                                                                                                                                                                                                                                             |                                                                                                              | 7. Name and Address of New Registered Agent<br>Name: <b>Alvaro Castillo</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>1390 Brickell Avenue, Suite 200</b><br>City: <b>Miami</b> FL Zip Code: <b>33131</b> |                                                                                                                                                             |
| 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<br><br>Signature, typed or printed name of registered agent and title if applicable.                                                                                                                                                                                                                                                                                                                          |                                                                                                              | DATE<br><b>6-3-07</b>                                                                                                                                                                                                       |                                                                                                                                                             |
| Amended AR is \$50.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                              | Make check payable to<br>Florida Department of State                                                                                                                                                                        |                                                                                                                                                             |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                              | 10. ADDITIONS/CHANGES                                                                                                                                                                                                       |                                                                                                                                                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MGR<br>MOREIRA, PEDRO<br>3169 NE 163RD STREET<br>NORTH MIAMI BEACH, FL 33160 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                              | MGR<br>Jorge Arana<br>3169 NE 163rd Street<br>North Miami Beach, Florida 33160 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MGR<br>ARANA, GABRIEL<br>3169 NE 163RD STREET<br>NORTH MIAMI BEACH, FL 33160 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                              | <b>800104435588</b><br><b>06/15/07--01061--003 **50.00</b>                                                                                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                           |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 606, Florida Statutes. |                                                                                                              |                                                                                                                                                                                                                             |                                                                                                                                                             |
| SIGNATURE:<br><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE                                                                                                                                                                                                                                                                                               |                                                                                                              | Gabriel Arana<br>Date: _____ Daytime Phone: _____                                                                                                                                                                           |                                                                                                                                                             |