

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000071734

FILED
Apr 30, 2007
Secretary of State

Entity Name: CURE & PENABAD STUDIO, LLC

Current Principal Place of Business:

1209 SAN MIGUEL AVENUE
CORAL GABLES,, FL 33134

New Principal Place of Business:

Current Mailing Address:

1209 SAN MIGUEL AVENUE
CORAL GABLES,, FL 33134

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:

PENABAD, CORALEE G
200 SOUTH BISCAYNE BLVD
SUITE 3000
MIAMI, FL 33131 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: PENABAD-CURE, CARIE A
Address: 1209 SAN MIGUEL AVENUE
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM () Delete
Name: CURE, ADIB
Address: 1209 SAN MIGUEL AVENUE
City-St-Zip: CORAL GABLES,, FL 33134

ADDITIONS/CHANGES:

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: CARIE PENABAD-CURE MGRM 04/30/2007

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