## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED May 14, 2007 8:00 am Secretary of State

DOCUI 1. Entity Nam HITANAS	0	05000076			05-14-200	7 90 <b>363</b>	024 ****	50.00		
Oringinal Place	o of Business		Mailing Address	<del> </del>	n n	112346				
Principal Place of Business 11253 NW 47 LANE MIAMI, FL 33178			11253 NW 47 LANE MIAMI, FL 33178					H 83111 (33678 )	TE 1110 ITT 11	
2. Principal P	tace of Business - I	No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04222007	Chg-LLC	CR2E	083 (12/06)	
City & State			City & State			4. FEI Numb #56	-2546	158		oplied For ot Applicable
Zip	Соц	intry	Zip Country			1 '	of Status Desired		\$5.00 Add Fee Require	
	6. Name and A	ddress of Current	Registered Agent	Name	7. Name and	Address of New R	egistered	Agent		
DURAN, ALFREDO G										
2601 SO. I MIAMI, FL			Street Addre	ss (P.O. Box Numb	er is Not Acceptable	<b>)</b>				
ionirdon, i L	33100				City				Zip Cod	Δ
					City			FL	- Zip Coo	
8. The above named entity submits this statement for the surpose 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 Signature, typed or printing fame of registerful agent and title (subplicable. (NOTE: Registered Agint signature spulled when reinastyling)  OATE										
Filing Fee is \$50.00 Due by May 1, 2007						/			eyable to ent of State	B
9.	<u> </u>	MANAGING MEMBE	ERS/MANAGERS	10.	······································		ADDITIONS/	CHANGE	3	
TITLE	MGR		☐ Deleta	m	E				☐ Change	☐ Addition
NAME	RUIZ, GLORIA D				E					
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CITY-ST-ZIP				•	-ST-ZIP					
11. (hereby o	certify that the inform	nation supplied with	n this filing does not qualify for	or the exe	motions costein	ned in Chapter 119.	Florida Statutes. I fu	ırther certii	y that the info	rmation
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 608, Florida Statutes.										

SIGNATURE: X JUY

04/23/2007

Daytime Phone #