

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000078110

Entity Name: MACALA, LLC

FILED  
Apr 24, 2009  
Secretary of State

**Current Principal Place of Business:**

17501 BISCAYNE BLVD STE 340  
NORTH MIAMI BEACH, FL 33160

**New Principal Place of Business:**

**Current Mailing Address:**

17501 BISCAYNE BLVD STE 340  
NORTH MIAMI BEACH, FL 33160

**New Mailing Address:**

FEI Number: 20-3280710

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CUEVAS, ANDREW ESQ.  
536 BILTMORE WAY  
CORAL GABLES, FL 33134 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: M ( ) Delete  
Name: CARDENAS, LUIS  
Address: 1431 NW 13TH TERRACE  
City-St-Zip: MIAMI, FL 33125

Title: M ( ) Delete  
Name: MARIN, FERNANDO  
Address: 1431 NW 13TH TERRACE  
City-St-Zip: MIAMI, FL 33125

**ADDITIONS/CHANGES:**

Title: CEO (X) Change ( ) Addition  
Name: CARDENAS, LUIS  
Address: 17501 BISCAYNE BLVD # 340  
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: MGR (X) Change ( ) Addition  
Name: MARIN, FERNANDO  
Address: 17501 BISCAYNE BLVD # 340  
City-St-Zip: NORTH MIAMI BEACH, FL 33160

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: ANTONIO GASTELBONDO

SEC

04/24/2009

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