2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

FILED Apr 19, 2007 08:00 AM Secretary of State DOCUMENT # L05000081258 1. Entity Namo LUCKY START 136 STREET WAREHOUSES, LLC Principal Place of Business Mailing Address 12515 NORTH KENDALL DRIVE SUITE 328 MIAMI FL 33186 12515 NORTH KENDALL DRIVE SUITE 328 MIAMI FL 33186 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suito, Apt. #, etc. 1st MOORE CR2E083 (10/06) Applied For City & State City & State 4. FEI Number 20-3362860 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FERNANDEZ, JORGE Street Address (P.O. Box Number is Not Acceptable) 12515 NORTH KENDALL DRIVE **SUITE 328** MIAMI FL 33186 Zip Code FL 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, typed or printed name of registered agent and title if applicable. DATE (NOTE Registered Agent signature required when remistating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10, TOTAL **MGRM** Delete 11111 Change ☐ Addition NAMI NAME ABAL INVESTMENTS CORPORATION STREET ADORESS STREET ADDIN SS 12515 NORTH KENDALL DRIVE, SUITE 328 CHY SI-7P C(TY-ST-7IP MIAMI FL 33186 Nooooosissse cyaude ma Addition MGRM ☐ Defele NAME NAME FERBAN INVESTMENTS, INC. <u>Ծ</u>ոշտ Մո որ STREET ADDRESS 12515 NORTH KENDALL DRIVE, SUITE 328 STREET ADDRESS COY-ST-ZIP CITY-ST-7IP MIAMI FL 33186 Titut. Delete Change Addition THE MGRM NAME NAMI VEN-AMERICA TRADERS, INC. STREET ADDRESS STREET ADDRESS 12515 NORTH KENDALL DRIVE, SUITE 328 CHY-S1-ZIP CHY-ST-ZIP **MIAMI FL 33186** □ Change Addition ☐ Delete THILE STREET ADDRESS STREET ADDRESS CITY-SI-7IP CHY-ST-Z(P ☐ Delete RHIE. Change Addition NAME NAME SITULE LADDRESS STREET ADDRESS CITY - ST - 71P CHY-SI-ZIP ☐ Change Addition ☐ Delete TITLE NAME. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with the filing does not qualify for the exemptions contained in Section 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 eath; that I am a managing member or manager of the limited liability company or the receiver or trystee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE