


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 20, 2008 8:00 am
Secretary of State

05-20-2008 90054 022 ***138.75

DOCUMENT # L05000083060

1. Entity Name
 OICP, LLC



Principal Place of Business
 11890 SW 8TH ST
 SUITE 502
 MIAMI, FL 33184


Mailing Address
 11890 SW 8TH ST
 SUITE 502
 MIAMI, FL 33184

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

60042324



04152008 Chg-LLC CR2E083 (12/06)

4. FEI Number
 20-3345517

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

Agustin Perez
11890 S.W. 8th #502
Miami, FL 33184

7. Name and Address of New Registered Agent

Name *Agustin Perez*

Street Address (P.O. Box Number is Not Acceptable)
11890 S.W. 8th #502

City *Miami* FL Zip Code *33184*

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 *Agustin Perez President* DATE *4/28/08*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
 Florida Department of State

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P PEREZ, AGUSTIN 11890 S.W. 8TH ST SUITE 502 MIAMI, FL 33184 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP RODRIGUEZ, MANUEL 11890 S.W. 8TH ST SUITE 502 MIAMI, FL 33184 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VS CANTENS, GASTON 11890 S.W. 8TH ST SUITE 502 MIAMI, FL 33184 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T MONTERO, ARMADO 11890 S.W. 8TH ST SUITE 502 MIAMI, FL 33184 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS 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 608, Florida Statutes.

SIGNATURE: *[Signature]* DATE: *4-17-08*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #