
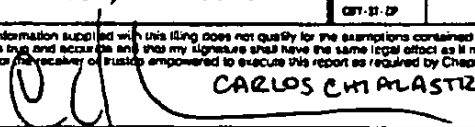


FILED
Apr 03, 2006 8:00 am
Secretary of State

01-23-2006 90136 018 ****50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000098988			
1. Entity Name KINA HIALEAH, LLC			
Principal Place of Business 250 CATALONIA AVENUE STE 305 CORAL GABLES, FL 33134		Mailing Address 250 CATALONIA AVENUE STE 305 CORAL GABLES, FL 33134	
2. Principal Place of Business 250 Catalonia Ave.		3. Mailing Address 250 Catalonia Ave.	
Suite, Apt. #, etc. Suite 305		Suite, Apt. #, etc. Suite 305	
City & State Coral Gables, FL		City & State Coral Gables, FL	
Zip 33134	Country USA	Zip 33134	Country USA
4. FEI Number 14-1445228		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		55.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CHIALASTRI, CARLOS 250 CATALONIA AVENUE STE 305 CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name: _____ Street Address (P.O. Box Number is Not Acceptable): _____ City: _____ FL Zip Code: _____	
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 _____ <small>Signature, Name of Affiliated Name of Registered Agent and the F. Address. NOTE: Registered Agent signature required when re-registering.</small>			
Filing Fee is \$50.00 Due by May 1, 2008		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Agent for Kina Hialeah Carlos Chialastri 250 Catalonia Ave. Ste 305 Coral Gables, FL 33134	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Managing Member Carlos Chialastri 250 Catalonia Ave., Ste 305 Coral Gables, FL 33134	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Ettore Nardi Principal Officer 250 Catalonia Avenue Suite 305 Coral Gables, FL 33134	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information submitted 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 secretary or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: 		DATE: 01/17/06 (305) 441-0040	
<small>SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>	

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