

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90165 001 ***100.00

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01032007 No Chg-LLC CR2E083 (11/05)

DOCUMENT # L05000098988
 1. Entity Name
 KINA HIALEAH, LLC



Principal Place of Business: 250 CATALONIA AVNEUE STE 305 CORAL GABLES, FL 33134
 Mailing Address: 250 CATALONIA AVNEUE STE 305 CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE

4. FEI Number 14-1445228	Applied For Not Applicable
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Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 CHIALASTRI, CARLOS
 250 CATALONIA AVNEUE STE 305
 CORAL GABLES, FL 33134

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$50.00 Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHIALASTRI, CARLOS 250 CATALONIA AVE STE 305 MIAMI, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NARDI, ETTORE 250 CATALONIA AVE STE 305 MIAMI, FL 33134
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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: Carlos Chialastri 01/16/07 (305) 441-0040
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #