

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000099469

Entity Name: ZASHMO, LLC

FILED
Apr 13, 2007
Secretary of State

Current Principal Place of Business:

600 BRICKELL AVE., SUITE 300-I
MIAMI, FL 33131

New Principal Place of Business:

730 PENNSYLVANIA
203
MIAMI BEACH, FL 33139

Current Mailing Address:

600 BRICKELL AVE., SUITE 300-I
MIAMI, FL 33131

New Mailing Address:

730 PENNSYLVANIA
203
MIAMI BEACH, FL 33139

FEI Number: 20-3623369

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SUAREZ, ANGIE
600 BRICKELL AVE., SUITE 300-I
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

SUAREZ, ANGIE
730 PENNSYLVANIA
203
MIAMI BEACH, FL 33139 US

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:

04/13/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SUAREZ, ANGIE
Address: 600 BRICKELL AVE., SUITE 300-I
City-St-Zip: MIAMI, FL 33131

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SUAREZ, ANGIE
Address: 730 PENNSYLVANIA # 203
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGRM () Change (X) Addition
Name: DOMINGO, ORLANDO JR.
Address: 730 PENNSYLVANIA # 203
City-St-Zip: MIAMI BEACH, FL 33139

I hereby certify that the information supplied with this filing does not qualify for the 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: ANGIE SUAREZ

MGRM

04/13/2007

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