

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 25, 2007 8:00 am**  
**Secretary of State**

01-25-2007 90087 019 \*\*\*\*50.00

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01222007 Chg-LLC CR2E083 (12/06)

<b>DOCUMENT # L05000102326</b> 1. Entity Name <b>KINKA, LLC</b>					
Principal Place of Business <b>1455 MARTINIQUE COURT STE 6505 WESTON, FL 33326</b>			Mailing Address <b>1455 MARTINIQUE COURT STE 6505 WESTON, FL 33326</b>		
2. Principal Place of Business - No P.O. Box # <b>1447 CAPRI LN</b>		3. Mailing Address <b>1447 Capri LN</b>			
Suite, Apt. #, etc. <b>6101</b>		Suite, Apt. #, etc. <b>6101</b>			
City & State <b>Weston, FL</b>		City & State <b>Weston FL</b>		4. FEI Number <b>55-0908296</b>	
Zip <b>33326</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>MONIQUE TRONCONE, CPA P.A. 499 E PALMETTO PARK RD STE 207 BOCA RATON, FL 33432-5080</b>			7. Name and Address of New Registered Agent Name <b>Monique Troncone, CPA P.A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>55 NE 5th Ave #501</b> City <b>Boca Raton</b> <b>FL</b> Zip Code <b>33432</b>		
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  DATE <b>01/22/07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>			<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RODRIGUEZ, JORGE M 1455 MARTINIQUE COURT WESTON, FL 33326	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Rodriguez Jorge M. 1447 Capri LN Weston FL 33326	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LOZANO, NANCY 1447 CAPRI LANE WESTON, FL 33326	<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
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:			<b>Jorge M Rodriguez</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <b>01/22/07</b> Daytime Phone # <b>954-385 3415</b>		