2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 19, 2007 8:00 am Secretary of State

| 1. Entity Nam | | # L050001037 | | 04-19-2007 90041 032 ****50.00 | | | | | | |
|--|------------------------------|------------------------------------|------------------------------|--------------------------------|--|-------------------|-----------------------------|--------------|----------------------------|---------------------------|
| Principal Plac | | | Mailing Address | | · · · · · · · · · · · · · · · · · · · | | | | | |
| 6919 W BROWARD BLVD. # 118 | | | 6919 W BROWARD BLV # 118 | | | . : | | | | |
| PLANTATION, FL 33317 US | | | PLANTATION, FL. 33317 US | | | | I Bairi biih brin bain bair | ! NOU ROLL R | : :)) | |
| 2. Principal Place of Business - No PO Box # | | | 3. Mailing Address | | | | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc | | | 04102007 | Chg-LLC | CR2E0 | 83 (12/06) | |
| City & State | | | City & State | | | 4. FEI Numb | | | → | plied For t Applicable |
| Ζιp | Country | | Zip Counti | | itry | | | | \$5.00 Add Fee Required | |
| | 6. Name a | and Address of Current R | | Management | 7. Name and | Address of New Re | gistered A | \gent | | |
| BETANCUR, JORGE A MR. | | | | | Name | | | | | |
| 6919 W BROWARD BLVD. # 118 | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| PLANTATION, FL 33317 | | | | | | | | | | |
| _ | | | | | City | , | | FL | Zip Code | е |
| 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 Signature typed or printed name of registered spent is white it applicable. INOTE Registered Agent signature required when reinstalling). DATE. | | | | | | | | | | |
| and name a three or our recommends out official or a time in implication. (And it included within stituted and selection and sel | | | | | | | | | | |
| Fi D | iling Fee is ue by May | \$ \$50.00 [/] 1, 2007 | | | | | | check partme | ayable to ent of State | 9 |
| 9. | | MANAGING MEMBER | S/MANAGERS | 10. | | | ADDITIONS/ | CHANGES | | |
| TOTLE | MGR PAEZ, FARITH G MRS. | | Delete IIIL | | | | | | Change | Addition |
| NAME STREET ADDRESS | | ROWARD BLVD. # 118 | NAM Stre | | ET ADDRESS | | | | | |
| CITY-ST-ZIP | PLANTATION, FL 33317 | | | CITY | -ST-ZIP | | | | | |
| TITLE NAME | MGR BETANCUR, JORGE A MR. | | Delete | TITLI | | | | | Change | Addition |
| STREET ADDRESS | 6919 W BROWARD BLVD. # 118 | | | | ET ADDRESS | | | | | |
| CITY-ST-ZIP | PLANTATION, FL 33317 | | | CITY | | | | | | |
| TITLE NAME | MGRM HUAMACTO, RAUL MR. | | Delete | Delete 15T E | | | | | Change | Addition |
| STREET ADDRESS | 6919 W BROWARD BLVD. # 118 | | , | 1 | E1 ADDRESS | | | | | |
| CHY-S1-ZIP | PLANTATI | ON, FL 33317 | | | -SI-ZIP | | | | | |
| TITLE NAME | | | Delete | TITLI NAM | ! | | | | Change | Addition |
| STREET ADDRESS | : | | | | ET ADDRESS | | | | | |
| CITY-ST-ZIP | | - | | | -ST-ZIP | | | | | |
| TITLE NAME | | | ☐ Delete | TITLI NAM | | | | | ☐ Change | Addition |
| STREET ADDRESS | ! | | | | ET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | · ST · ZIP | | | | | |
| NAME | | | Delete FILLE NAME | | | | | | ☐ Change | Addition |
| STREET ADDRESS | | | | STRE | | | | | | |
| CITY-ST-ZIP | oprify that the | information pupelled with the | his tiling does get model. (| | -SI-ZIP | in Chapter 442 | Elorido Creteres 11 | they as "" | that the Total | |
| 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 | | | | | | | | | | |