


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 18, 2007 8:00 am**  
**Secretary of State**

05-18-2007 90220 042 \*\*\*\*50.00

<b>DOCUMENT # L05000106531</b>	
1. Entity Name <b>ARENDA INVESTMENTS, LLC</b>	

Principal Place of Business <b>180 NE 39TH STREET SUITE # 106 MIAMI, FL 33137</b>	Mailing Address <b>180 NE 39TH STREET SUITE # 106 MIAMI, FL 33137</b>
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2. Principal Place of Business - No P.O. Box # <b>2144 N.E. 2<sup>nd</sup> AVE.</b>	3. Mailing Address <b>2144 N.E. 2<sup>nd</sup> AVE</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>MIAMI, FL</b>	City & State <b>MIAMI, FL</b>
Zip <b>33137</b>	Zip <b>33137</b>
Country	Country

40116559



05092007 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>68-0616643</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent <b>LASIO, GIANCARLO 180 NE 39TH STREET SUITE # 106 MIAMI, FL 33137</b>	7. Name and Address of New Registered Agent Name <b>LASIO, GIANCARLO</b> Street Address (P.O. Box Number is Not Acceptable) <b>2144 N.E. 2<sup>nd</sup> AVE.</b> City <b>MIAMI</b> FL Zip Code <b>33137</b>
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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 *Giancarlo Lasio* **GIANCARLO LASIO** DATE **5/16/07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$50.00 Due by September 14, 2007</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LASIO, GIANCARLO 180 NE 39TH STREET # 106 MIAMI, FL 33137 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LASIO, Giancarlo 2144 NE 2 <sup>nd</sup> AVE. MIAMI, FL 33137 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FANTIN, ENRICO 180 NE 39TH STREET # 106 MIAMI, FL 33137 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FANTIN, ENRICO 2144 N.E. 2 <sup>nd</sup> AVE MIAMI, FL 33137 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Giancarlo Lasio* **GIANCARLO LASIO** DATE **5/16/07** DAYTIME PHONE **305-572-0990**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE