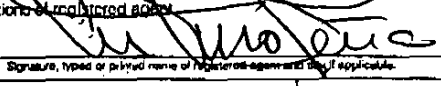
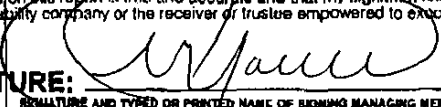


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90339 040 ****50.00

DOCUMENT # L05000111007			
1. Entity Name CORPUNION, LLC			
Principal Place of Business 8690 SW 34TH. TERR MIAMI, FL 33135 US		Mailing Address 8690 SW 34TH. TERR MIAMI, FL 33135 US	
2. Principal Place of Business - No P.O. Box # 9620 S.W. 44ST		3. Mailing Address 9620 S.W. 44ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI, Fla		City & State MIAMI, Fla	
Zip 33165		Zip 33165	
Country USA		Country USA	
4. FEI Number 27-0133914		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LAGARES, SOCRAGE 8690 SW 34TH. TERR MIAMI, FL 33155		7. Name and Address of New Registered Agent Name Arturo P. Peña Street Address (P.O. Box Number is Not Acceptable) 9620 S.W. 44 Street City MIAMI FL Zip Code 33165	
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 4/29/07	
Filing Fee is \$50.00 Due by May 1, 2007			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRUGAL PEDRO YARULL 8690 SW 34TH. TERR MIAMI, FL 33135 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Yarull Brugal, Pedro 9620 S.W. 44 Street MIAMI, FL 33165 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR YARULL TACTUK, PEDRO FOREIGN ADDRESS STO.DOMINGO, RD R.D. ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: 		DATE 4/29/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #	