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	Mailing Address
8690 SW 34TH. TERR MIAMI, FL 33135 US	8690 SW 34TH. TERR MIAMI, FL 33135 US

03222007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
9620 S.W. 44St	9620 S.W. 44St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: miAmi, Fla	City & State: miAmi, Fla
Zip: 33165 Country: USA	Zip: 33165 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: [signature] DATE: 4/29/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

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: [signature] Date: 4/29/07 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE