

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000118394

Entity Name: HOOD INVEST LLC

FILED
May 17, 2006
Secretary of State

Current Principal Place of Business:

2655 LEJEUNE ROAD #905
CORAL GABLES, FL 33134

New Principal Place of Business:

2600 SW 3RD AVE
PH-A
MIAMI, FL 33129

Current Mailing Address:

2655 LEJEUNE ROAD #905
CORAL GABLES, FL 33134

New Mailing Address:

2600 SW 3RD AVE
PH-A
MIAMI, FL 33129

FEI Number: 20-3932191 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ALTABA, ERICH
2655 LEJEUNE ROAD #905
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MARQUINA, JOSE
Address: 2655 LEJEUNE ROAD #905
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR () Delete
Name: ALTABA, ERICH
Address: 2655 LEJEUNE ROAD #905
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: ALTABA, ERICH
Address: 2600 SW 3RD AVE
City-St-Zip: MIAMI, FL 33129

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ERICH ALTABA

MGR

05/17/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date