

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000120599

FILED
Apr 21, 2009
Secretary of State

Entity Name: IMPACT DEVELOPMENT, LLC

Current Principal Place of Business:

9851 NW 58 STREET
SUITE 118
MIAMI, FL 33178 US

New Principal Place of Business:

669 WEST 14 STREET
HIALEAH, FL 33010 US

Current Mailing Address:

9851 NW 58 STREET
MIAMI, FL 33178 US

New Mailing Address:

669 WEST 14 STREET
HIALEAH, FL 33010 US

FEI Number: 20-3958208

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERT A. BRANDT, P.A.
696 N.E. 125 STREET
NO. MIAMI, FL 33161 US

Name and Address of New Registered Agent:

ROBERT A. BRANDT, P.A.
696 N.E. 125 STREET
NORTH MIAMI, FL 33161 US

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:

04/21/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SIERRA, FILIBERTO
Address: 9851 NW 58 STREET
City-St-Zip: MIAMI, FL 33178 US

Title: MGR () Delete
Name: NAVARRO, DARIO
Address: 9851 NW 58 STREET
City-St-Zip: MIAMI, FL 33178 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SIERRA, FILIBERTO
Address: 669 WEST 14 STREET
City-St-Zip: HIALEAH, FL 33010 US

Title: MGR (X) Change () Addition
Name: NAVARRO, DARIO
Address: 669 WEST 14 STREET
City-St-Zip: HIALEAH, FL 33010 US

I hereby certify that the information supplied with this filing does not qualify 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: DARIO NAVARRO

MGR

04/21/2009

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