


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 23, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L06000000163</b> 1. Entity Name HAMILOA, L.L.C.	
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Principal Place of Business 3735 SW 8TH STREET, STE. 105 CORAL GABLES, FL 33134	Mailing Address 3735 SW 8TH STREET, STE. 105 CORAL GABLES, FL 33134
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DO NOT WRITE IN THIS SPACE



04032007 No Chg-LLC	CR2E083 (11/05)
4. FEI Number 20-4070202	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

ARAGON, HECTOR E  
3735 SW 8TH STREET, STE. 105  
CORAL GABLES, FL 33134

DO NOT WRITE  
IN THIS SPACE

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**Filing Fee is \$50.00**  
**Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGRM
NAME	HETOR, ARAGON
STREET ADDRESS	3735 SW 8TH ST 105
CITY-ST-ZIP	MIAMI, FL 33134
TITLE	MGRM
NAME	GARCIA, SERAFIN
STREET ADDRESS	3735 SW 8TH ST 105
CITY-ST-ZIP	MIAMI, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000724522  
05/02/07-80116-005 50.00

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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:**  4/16/07 305-589-0016

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #