


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90255 017 *****55.00

DOCUMENT # L06000001270	
1. Entity Name PINGO LLC.	

Principal Place of Business 2121 PONCE DE LEON BLVD 240 CORAL GABLES, FL 33134	Mailing Address 2121 PONCE DE LEON BLVD 240 CORAL GABLES, FL 33134
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60047984



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04302007 Chg-LLC CR2E083 (12/06)

4. FEI Number 84-1701844	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

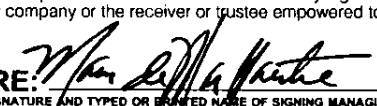
6. Name and Address of Current Registered Agent PRATS, GABRIEL 2121 PONCE DE LEON BLVD 240 CORAL GABLES, FL 33134	
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7. Name and Address of New Registered Agent Name PRATS FERNANDEZ & COMPANY, P.A. Street Address (P.O. Box, if applicable) CERTIFIED PUBLIC ACCOUNTANTS 2121 Ponce de Leon Blvd., Suite 240 Coral Gables, FL 33134 City FL Zip Code	
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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 4/30/07
(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
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MAESTRE, MARIA DE MAR 2121 PONCE DE LEON BLVD 240 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  Maria de la Maestra 4/30/07 305-444733	DATE Daytime Phone #