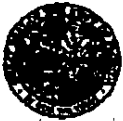


FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90040 015 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000003531			
1. Entity Name MAJUPA INTERNATIONAL, LLC			
Principal Place of Business 901 PONCE DE LEON BOULEVARD STE 603 CORAL GABLES, FL 33134		Mailing Address 901 PONCE DE LEON BOULEVARD STE 603 CORAL GABLES, FL 33134	
2. Principal Place of Services - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
4. FEI Number # 20-8729022		Applied For (Not Applicable)	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Street and Address of Current Registered Agent 901 PONCE DE LEON BOULEVARD STE 603 CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 re-electing) DATE _____			
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 MGR	<input type="checkbox"/> Delete LONDONO, HENRY MORENO	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LONDONO, HENRY MORENO	NAME	
STREET ADDRESS	901 PONCE DE LEON BOULEVARD STE 603	STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL 33134	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
11. I hereby certify that the information furnished 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 206, Florida Statutes.			
SIGNATURE: <i>Henry Moreno</i> 4/13/07		205-444-1741	
SIGNATURE AUTHORIZED OR PERMITTED UNDER CHAPTER 206, FLORIDA STATUTES: MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			
<i>(Henry Moreno Londono)</i>			