2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L0600006330 1. Entity Name WAYNE CAPITAL INVESTMENTS, LLC						04-03-2007 90120 036 ****50.00				
Principal Place	e of Business	Mailing Address	Mailing Address							
8650 PONCE DE LEON RD MIAMI, FL 33143		8650 PONCE DE LEON RD MIAMI, FL 33143				e indicates				
6 Diam'r 10	No Double	A Mailine Address								
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				33 01	OH BOTTO OHIT ENH COUR ITUIT T		1 44114 1 1 11 12 12 12 12 12 12 12 12 12 12 12 12	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				03262007		CR2E083 (12/0	6)	
City & State		City & State				4. FEI Nurr	ber 20 - 4154	657	Applied For Not Applicable	
Zip	Country	Zip	Country	1		5. Certifica	te of Status Desired	☐ \$5.00 Fee Requ	Additional ired	
	6. Name and Address of Current	Registered Agent	1.			7. Name a	nd Address of New Regi	istered Agent		
MIAMI CORPORATE SYSTEMS, INC.			Name							
283 CATALONIA AVENUE 2ND FL CORAL GABLES, FL 33334				Street Address (P.O. Box Number is Not Acceptable)						
· ·		\$ e								
,		City			.,			FL Zip C	ode	
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 famillar with, and accept the obligations of registered agent.									th, and accept	
SIGNATURE .	Signature, typed or printed name of registered agent of		Registered A	gent signatu	beriuper en	when minetating)	······································	DATE		
Filing Fee Is \$50.00 Due by May 1, 2007						Make check payable to Florida Department of State				
9. MANAGING MEME		ERS/MANAGERS 10.				<u> </u>	ADDITIONS/CHANGES			
TITLE	MANAGING MEMBE	Delete	TITLE	т	MG	R	- ALLIGI	Chan	ge 🔲 Addition	
NAME	SUNREZ, DANIEL		NAME		SUA	REZ,	DANIEL EDELEON	DD.	_	
STREET ADDRESS CITY-ST-ZIP	8650 PONCE DE LEON RD MIAMI, FL 33143		STREET A	ADDRESS T-ZIP	8650	POUC	FL 33/43	E		
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STREET ADDRESS CITY-ST-ZIP			CITY-ST	address T-zip						

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: Daniel Suarez 3/26/07 305-297-885/
SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING MANAGING MEMBER, AND MAGER, OR AUTHORIZED REPRESENTATIVE Date Date Design Phone 9