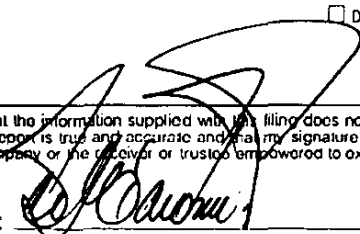


**2007 LIMITED LIABILITY COMPANY.
ANNUAL REPORT (AR).**

FILED
May 29, 2007 8:00 am
Secretary of State

04-24-2007 90106 024 ****50.00

DOCUMENT # L06000015966 1. Entity Name GIMAR INVESTMENT & MANAGEMENT LLC					
Principal Place of Business 18057 SW 12 COURT PEMBROKE PINES FL 33029 US			Mailing Address 18057 SW 12 COURT PEMBROKE PINES FL 33029 US		
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	4. FE Number 01-8898177	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				☒ Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent GONZALEZ-MARDINI, GILDA C 18057 SW 12 COURT PEMBROKE PINES FL 33029			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 _____ Signature, typed or printed name of registered agent and state if applicable (NOTE: Registered Agent signature required when reappointing)					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM GONZALEZ-MARDINI, GILDA C 18057 SW 12 COURT PEMBROKE PINES FL 33029	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM Mardini, Walberto E Same	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM MARDINI, WALBERTO E SR 18057 SW 12 COURT PEMBROKE PINES FL 33029	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 			4.1607 951557B124		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					