

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

**FILED
Jul 19, 2007
Secretary of State**

DOCUMENT# L06000020811

Entity Name: PEGAZZO LLC

Current Principal Place of Business:

New Principal Place of Business:

11339 WEST FLAGLER
MIAMI, FL 33174 US

Current Mailing Address:

New Mailing Address:

14501 S.W. 88 STREET
SUITE H-206
MIAMI, FL 33186 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ROJAS, FLOR E
14501 S.W. 88 STREET
SUITE H-206
MIAMI, FL 33186 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGR () Delete
Name: ROJAS, FLOR E
Address: 14501 S.W. 88 STREET, SUITE H-206
City-St-Zip: MIAMI, FL 33186 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Delete
Name: ARENAS, LILIANA E
Address: 14501 S.W. 88 STREET, SUITE H-206
City-St-Zip: MIAMI, FL 33186 US

Title: MGR (X) Change () Addition
Name: ARENAS, TANIA D PILAR
Address: 14501 S.W. 88 STREET, SUITE H-206
City-St-Zip: MIAMI, FL 33186 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: MGR () Change (X) Addition
Name: ARENAS, LILIANA E
Address: 14501 SW 88 ST , SUITE H206
City-St-Zip: MIAMI, FL 33186

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: FLOR ELVA ROJAS

MGR

07/19/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date