


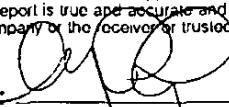
**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

**FILED**  
**Mar 06, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90302 024 \*\*\*\*50.00

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1st MOORE CR2E083 (10/06)

|  |  |   |   |
|--|--|---|---|
| DOCUMENT # L06000022587  |  |  |   |
| 1. Entity Name<br>CENTRO CANARIAS, LLC   |  |   |   |
| Principal Place of Business<br>3839 WEST 16TH AVENUE<br>HIALEAH FL 33012   |  | Mailing Address<br>3839 WEST 16TH AVENUE<br>HIALEAH FL 33012                      |   |
| 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. FEI Number<br><b>"APPLIED FOR"</b>  |  | Applied For<br>Not Applicable   |   |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  | \$5.00 Additional Fee Required  |   |
| 6. Name and Address of Current Registered Agent  |  | 7. Name and Address of New Registered Agent                                       |   |
| CAYON, MAURICE<br>3839 WEST 16TH AVENUE<br>HIALEAH FL 33012  |  | 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 _____  |  | DATE _____  |   |
| Signature, typed or printed name of registered agent and title, if applicable.   |  | (NOTE: Registered Agent signature required when reinstating)                      |   |
| <b>FILE NOW!!! FEE IS \$50.00</b><br><b>Make Check Payable to Florida Department of State</b><br><b>Due By May 1, 2007</b>   |  |   |   |
| 9. MANAGING MEMBERS/MANAGERS   |  | 10. ADDITIONS/CHANGES   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP   | MGR<br>CAYON, MAURICE<br>3839 WEST 16TH AVENUE<br>HIALEAH FL 33012 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                    | <input type="checkbox"/> Delete<br><input type="checkbox"/> Change<br><input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                    | <input type="checkbox"/> Delete<br><input type="checkbox"/> Change<br><input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                    | <input type="checkbox"/> Delete<br><input type="checkbox"/> Change<br><input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                    | <input type="checkbox"/> Delete<br><input type="checkbox"/> Change<br><input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                    | <input type="checkbox"/> Delete<br><input type="checkbox"/> Change<br><input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                    | <input type="checkbox"/> Delete<br><input type="checkbox"/> Change<br><input type="checkbox"/> 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:    |  | Date: 1/31/07   |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |  | Daytime Phone: 305-8236721  |   |