

FILED
Apr 18, 2007 8:00 am
Secretary of State

DOCUMENT # L06000025668

Mailing Address
4100 N. 28TH TERRACE
HOLLYWOOD, FL 33020

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country

CR2E083 (12/06)

4. FBI Number
20-4466794

Applied For	
-------------	--

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

STONE, ADELE I
100 S.E. THIRD AVENUE, SUITE 1400
ONE FINANCIAL AVENUE
FORT LAUDERDALE, FL 33394

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE	Managing Member	<input type="checkbox"/> Delete
NAME	Avi Ovakinin	
STREET ADDRESS	4100 N 20th Terrace	
CITY - ST - ZIP	Hollywood, FL 33020	

TITLE	Managing member	<input type="checkbox"/> Delete
NAME	Doron Malinasky	
STREET ADDRESS	4100 N 28th Terrace	
CITY - ST - ZIP	Hollywood FL 33020	

TITLE	Managing Member	<input type="checkbox"/> Delete
NAME	Eliyahu Levy	
STREET ADDRESS	4100 N 28th Terrace	
CITY - ST - ZIP	Hollywood FL 33020	

TITLE	Managing Member	<input type="checkbox"/> Delete
NAME	Shawn Eislín	
STREET ADDRESS	4100 N 28th Terrace	
CITY-ST-ZIP	Hollywood FL 33020	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

10.	ADDITIONS/CHANGES
-----	-------------------

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST. ZIP	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date _____

Daytime Phone #

04/06/07 9549249779