2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2007
Secretary of State

DOCUMENT# L06000031083

Entity Name: FAR INVESTMENT GROUP, LLC

Current Principal Place of Business:

1040 NE 93 STREET
MIAMI SHORES, FL 33138

New Principal Place of Business:

Current Mailing Address:

1040 NE 93 STREET
MIAMI SHORES, FL 33138

New Mailing Address:

FEI Number: 20-4626346 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CISTERNINO, FABIO
1040 NE 93 STREET
MIAMI SHORES, FL 33138 US

Name and Address of New Registered Agent:

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:

Title:	MGRM	( ) Delete
Name:	CISTERNINO, FABIO	
Address:	1040 NE 93 STREET	
City-St-Zip:	MIAMI SHORES, FL 33138	
Title:	MGR	( ) Delete
Name:	MILOSEVIC, ROLAND HANS	
Address:	URB. JORGE COLL, CALLE REDOMA, EL VIGIA	
City-St-Zip:	CASA #176 PAMPATAR, ISLA MAR, VE	
Title:	MGR	( ) Delete
Name:	MILOSEVIC, ANDREAS GEORG	
Address:	URB. JORGE COLL, PRIMERA ETAPA CASA NO 22	
City-St-Zip:	PAMPATAR, ISLA DE MARGARITA, VE	

ADDITIONS/CHANGES:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: FABIO CISTERNINO MGRM 01/22/2007

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