2007 LIMITED LIABILITY COMPANY

SIGNATURE >

Mar 15, 2007 8:00 am ANNUAL REPORT **Secretary of State DOCUMENT # L06000035252** 03-15-2007 90132 020 ***150.00 ABRÉU & ASSOCIATES INVESTMENT, LLC Principal Place of Business Mailing Address 16163 SW 47TH STREET 16163 SW 47TH STREET MIAMI, FL 33185 MIAMI, FL 33185 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03122007 CR2E083 (12/06) Chg-LLC City & State City & State Applied For Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LUIS ALBERTO ABREU Street Address (P.O. Box Number is Not Acceptable) 16163 SW 47TH STREET MIAMI, FL 33185 City Zip Code 8. The above named entity submit s 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 registr SIGNATURE Signatur ame of registered agent and little if applicable Make check payable to Filing Fee is \$50.00 Due by May 1, 2007 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR Delete TITLE TITLE Change ☐ Addition NAME LUIS ALBERTO ABREU NAME STREET ADDRESS 16163 SW 47TH STREET STREET ADDRESS MIAMI, FL 33185 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change □ Addition TITLE ABREU, YOLADIS R NAME STREET ADDRESS 16163 SW 47TH STREET STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MIAMI, FL 33185 Delete TITLE TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of pruytee empowered to execute this report as required by Chapter 608, Florida Statutes.

TED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRES

FILED