


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90027 033 ****50.00

DOCUMENT # L06000036696	
1. Entity Name CORREA-ARAMBURO, LLC	

Principal Place of Business 10050 KENDALE BLVD STE 106 MIAMI, FL 33176-2769 US	Mailing Address 10050 KENDALE BLVD STE 106 MIAMI, FL 33176-2769 US
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60042001



2. Principal Place of Business - No P.O. Box # 10050 N. Kendall Drive	3. Mailing Address 10050 N. Kendall Drive
Suite, Apt. #, etc. 106	Suite, Apt. #, etc. 106
City & State MIAMI	City & State MIAMI
Zip 33176	Country USA

04122007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-4971847	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301	7. Name and Address of New Registered Agent Name RAUL CORREA Street Address (P.O. Box Number is Not Acceptable) 10050 N. Kendall Drive #106 City MIAMI FL Zip Code 33176
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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 *Raul Correa* **RAUL CORREA** DATE **4-19-07**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CORREA, RAUL L 10050 KENDALE BLVD, STE 106 MIAMI, FL 331762769 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10050 N. Kendall Drive, Suite 106
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CORREA, GLADYS A 10050 KENDALE BLVD, STE 106 MIAMI, FL 331762769 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10050 N. Kendall Drive, Suite 106
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Raul Correa **member**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-14-07 **305558236**