2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2009
Secretary of State

DOCUMENT# L06000038335

Entity Name: GAD INVESTMENTS, LLC.

Current Principal Place of Business:

11160 NW 73 STREET
MIAMI, FL 33178

New Principal Place of Business:

10980 NW 73 STREET
DORAL, FL 33178 US

Current Mailing Address:

11160 NW 73 STREET
MIAMI, FL 33178

New Mailing Address:

FEI Number: 20-4678726 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SILVA'S ENTERPRISE, INC.
5220 S UNIVERSITY DR
SUITE C-102
DAVIE, FL 33328 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: PIÑATE, LUIS
Address: 11160 NW 73 STREET
City-St-Zip: MIAMI, FL 33178

Title: MGRM ( ) Delete
Name: RESCENDE, MARIBEL
Address: 11160 NW 73 STREET
City-St-Zip: MIAMI, FL 33178

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: PIÑATE, LUIS
Address: 11160 NW 73 STREET
City-St-Zip: DORAL, FL 33178

Title: MGRM (X) Change ( ) Addition
Name: RESCENDE, MARIBEL
Address: 11160 NW 73 STREET
City-St-Zip: DORAL, FL 33178

I hereby certify that the information supplied with this filing does not qualify 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: LUIS PINATE MGRM 05/05/2009

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