2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE: X

Apr 18, 2008 8:00 am Secretary of State DOCUMENT # L06000050088 04-18-2008 90150 020 ***139.00 1. Entity Name MAROMA, R.D., L.L.C. 50004381 Principal Place of Business Mailing Address 9066 S.W. 73 COURT 9066 S.W. 73 COURT **UNIT 1710 UNIT 1710** MIAMI, FL 33156 MIAMI, FL 33156 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 76-0841728 Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MATOS, MANUEL Street Address (P.O. Box Number is Not Acceptable) 9066 S.W. 73 COURT **UNIT 1710** MIAMI, FL 33156 Zip Code 33126 FŁ 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, typod or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make check payable to FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS 9. 10 ADDITIONS/CHANGES MGRM^{*} TITLE ☐ Delete TITLE ☐ Change ■ Addition MATOS, MANUEL NAME NAME STREET ADDRESS 9066 S.W. 73 COURT UNIT 1710 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33156 CITY-ST-ZIP MGRM TITLE ☐ Delete TITLE ☐ Change Addition MATOS, ROSA NAME NAME STREET ADDRESS 9066 S.W. 73 COURT UNIT 1710 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33156 CITY-ST-79P TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME 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 TITLE ☐ Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CITY-ST-ZIP 11. Thereby 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 accusate 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 regelver or trustee empowered to execute this sepont as required by Chapter 608, Florida Statutes.

ROSA MATOS

MGR.

FILED