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Secretary of State

02-25-2008 90133 039 ***150.00

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000050807

1. Entity Name
AMERICAN MANAGEMENT INSTITUTE OF MIAMI, LLC

300030013

Principal Place of Business	Mailing Address
9600 NW 38 ST STE 210 DORAL, FL 33178	701 BRICKELL KEY BLVD., #1911 MIAMI, FL 33172

02162008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
1835 W FLAGLER St		1835 W FLAGLER St	
Suite, Apt. #, etc. 201-289		Suite, Apt. #, etc. 201-289	
City & State Miami Florida		City & State Miami Florida	
Zip 33135	Country USA	Zip	Country

4. FEI Number 20-4909605 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

EDUARDO, AZUAJE
701 BRICKELL KEY BLVD., #1911
1911
MIAMI, FL 33172

7. Name and Address of New Registered Agent

Name Eduardo Azuaje
Street Address (P.O. Box Number is Not Acceptable)
1835 W Flagler St #201-289
City Miami FL Zip Code 33135

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 EDUARDO AZUAJE [signature]
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AZUAJE, EDUARDO 701 BRICKELL KEY BLVD., #1911 MIAMI, FL 33172	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Azuaje Eduardo 1835 W Flagler St #201-289 MIAMI FLORIDA 33135	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: EDUARDO AZUAJE [signature] 02-16-2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #