2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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FILED
Jun 11, 2007 8:00 am
Secretary of State
05-11-2007 90191 044 ****50.00

DOCUMENT # L06000051457

1. Entity Name
CABRERA INVESTMENT GROUP, LLC

Principal Place of Business	Mailing Address
2800 PONCE DE LEON BLVD., SUITE 1125 MIAMI FL 33134	2800 PONCE DE LEON BLVD., SUITE 1125 MIAMI FL 33134

1st MOORE CR2E083 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
18720 Wentworth Dr.	18720 Wentworth Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami FL	City & State: Miami FL
Zip: 33015 Country:	Zip: 33015 Country:

4. FEI Number: 20-5014132 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SEIF, EVAN D 2800 PONCE DE LEON BLVD., SUITE 1125 MIAMI FL 33134	Name: Julia R. Cabrera Street Address (P.O. Box Number is Not Acceptable): 18720 Wentworth Dr. City: Miami FL Zip Code: 33015

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: Julia R. Cabrera Offices 4/27/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition ~~Officer~~ Manager Elizardo Cabrera 18720 Wentworth Dr. Miami FL 33015
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition ~~Officer~~ Manager Julia R. Cabrera 18720 Wentworth Dr. Miami FL 33015
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition Amado Cabrera Manager ~~Officer~~ 263 Calle Flor Liz #N33 Canovanas, Puerto Rico 00729
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition ~~Officer~~ Manager Viviana Cabrera 263 Calle Flor Liz #N33 Canovanas, Puerto Rico 00729
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 Section 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: Julia R. Cabrera - Offices 4/27/07 305-627-1250
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #