2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

04/25/2007 90046 024 ****50.00

FILED L06000070883

07 OCT 17 PM 2:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04062007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L06000070883

1. Entity Name
MIX MASTER MARTINIS LLC.

Principal Place of Business	Mailing Address
1471 NE 108 STREET MIAMI, FL 33161	1471 NE 108 ST MIAMI, FL 33161
2. Principal Place of Business - No P.O. Box #: 1471 NE 108 St	3. Mailing Address: 1471 NE 108 St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami Fl 33161	City & State: Miami Fl
Zip: 33161 Country: Fl	Zip: 33161 Country: Dade Fl

4. FEI Number: 412213559 ☐ 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
RIVADENEYRA, DAMIEN 1471 NE 108 STREET MIAMI, FL 33161	Name: Damien Rivadeneyra Street Address (P.O. Box Number Is Not Acceptable): 1471 NE 108 St City: Miami Fl FL Zip Code: 33161

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	MGR RIVADENEYRA, DAMIEN 1471 NE 108 STREET MIAMI, FL 33161	☐ 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
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 07	☐ 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: ____________________ 4/19/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #