2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

04-06-2007 90227 014 ****50.00 DOCUMENT # L06000076881 OMNÍ INTERNATIONAL ENTERPRISES DEVELOPMENT, LLC. Principal Place of Business Mailing Address 4851 NW 79TH AVE. 4851 NW 79TH AVE. DORAL, FL 33166 US DORAL, FL 33166 US 2. Principal Place of Business - No P O Box Mailing Address O, SW 8th Street 80, SW 8th Street 03232007 CR2E083 (12/06) Chg-LLC 42 4. FEI Number 5328596 Applied For FL Not Applicable \$5.00 Additional 5. Certificate of Status Desired DADE Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CESAR. **NEDSA** DUNKLEY, LINDSAY 14100 PALMETTO FET RD Street Address (P.O. Box Number is Not Acceptable) MIAMI LAKES, PL 33816 7570 NW miAmi 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 age SIGNATURE INO*E Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. 10. TITLE MGR MGB 💢 Change ☐ Addition Delete TITLE RIBEIRO PINTO, LUIS FLO 1155, BRICKELL BAY DR MIAMI - FL - 33131 MGAS NAME RIBEIRO PINTO, LUIS F NAME #1208 STREET ADDRESS 4851 NW 79TH AVE. #8 STREET ADDRESS CITY-ST-ZIP DORAL, FL 33166 CITY ST ZIP Change Addition TITLE **X**Delete THEF RIZATO RIGUETTI. ALI NE PASSOS, JØAQ/M NAME NAME 4951 NW 79TH AVE. # 8 DORAL, FL 33166 #1508 1155 BRICKELL BAY DR STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CHY ST ZIP MIAMI - FL - 33131 Change Delete IIILE Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY ST ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST ZIP THUE Delete HILE Channe Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST ZIP CITY-S1-ZIP ☐ Change ☐ Addition THE Delete THEF NAME NAME STREET ADDRESS STREET ADDRESS CHY 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. If 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

MEMBER, MANACER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE AND TYPED ON BRINTED NAME OF SIGNING MAN

FILED

Apr 06, 2007 8:00 am Secretary of State