

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 06, 2007 8:00 am
Secretary of State

04-06-2007 90229 050 ****50.00

DOCUMENT # L06000076898	
1. Entity Name OMNI LOG IMPORT & EXPORT, LLC.	



Principal Place of Business 4851 NW 79TH AVE. 8 DORAL, FL 33166 US	Mailing Address 4851 NW 79TH AVE. 8 DORAL, FL 33166 US
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60032801



2. Principal Place of Business - No P.O. Box # 80 SW 8th St # 42 Suite, Apt. #, etc. # 42 City & State Miami - FL Zip 33130 Country DADE	3. Mailing Address 80 SW 8th St # 42 Suite, Apt. #, etc. # 42 City & State Miami - FL Zip 33130 Country DADE
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03232007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-5328539	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent DUNKLEY, LINDSAY 14100 PALMETTO FRT RD 201 MIAMI LAKES, FL 33166	7. Name and Address of New Registered Agent Name CEZAR, NEUZA Street Address (P.O. Box Number is Not Acceptable) 7570, NW 14th St # 112 City Miami FL Zip Code 33126
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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] DATE 04/03/2007

Signature typed or printed name of registered agent and state, if applicable. (NOTE: Registered Agent signature required when resigning.)

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RIBEIRO PINTO, LUIS F 4851 NW 79TH AVE # 8 DORAL, FL 33166 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RIBEIRO PINTO, LUIS F. 1155 BRICKELL BAY DR # 1508 MIAMI - FL - 33131 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DOSTASSO, JOAO M 4851 NW 79TH AVE # 8 DORAL, FL 33166 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRS RIZATO RIGUETTI, ALINE 1155 BRICKELL BAY DR # 1508 MIAMI - FL - 33131 ☐ 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	☐ 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: [Signature] DATE 04/03/2007 TELEPHONE 786.3080721

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE