


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90108 036 ***138.75

DOCUMENT # L06000076898 1. Entity Name OMNI LOG IMPORT & EXPORT, LLC.	
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Principal Place of Business 80 SW 8TH ST SUITE 42 MIAMI, FL 33130 US	Mailing Address 80 SW 8TH ST SUITE 42 MIAMI, FL 33130 US
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50003289



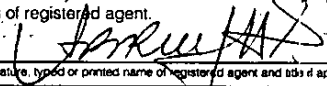
2. Principal Place of Business - No P.O. Box # 80 SW 8th Street Suite, Apt. #, etc. # 2042 City & State MIAMI - FL Zip 33130 Country USA	3. Mailing Address 80 SW 8th St Suite, Apt. #, etc. # 2042 City & State MIAMI - FL Zip 33130 Country US
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03312008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-5328539	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent CEZAR, NEVZA 7570 NW 14TH ST SUITE 112 MIAMI, FL 33126


7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 04/04/2008
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FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	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 1155 BRICKELL BAY DR SUITE 1508 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RIBEIRO PINTO LUIZ FCO 218, SE 14th ST # TS105 MIAMI-FL-33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRS RIZATO, RIGUETTI A 1155 BRICKELL BAY DR SUITE 1508 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRS RIZATO, RIGUETTI ALINE 218, SE 14th ST # TS105 MIAMI-FL-33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	DATE 04/04/2008 Date	Daytime Phone #
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