

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000091802

FILED
May 09, 2007
Secretary of State

Entity Name: HISPANIMARK, LLC

Current Principal Place of Business:

13205 SW 137TH AVENUE, SUITE 229
MIAMI, FL 33189

New Principal Place of Business:

Current Mailing Address:

C/O ATER REGISTERED AGENTS, LLC
2601 SOUTH BAYSHORE DRIVE, STE 700
COCONUT GROVE, FL 33133

New Mailing Address:

C/O CEL REGISTERED AGENTS, LLC
2601 SOUTH BAYSHORE DRIVE, STE 700
COCONUT GROVE, FL 33133

FEI Number: 20-5572606 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ATER REGISTERED AGENTS, LLC
2601 SOUTH BAYSHORE DRIVE, SUITE 700
COCONUT GROVE, FL 33133 US

Name and Address of New Registered Agent:

CEL REGISTERED AGENTS, LLC
2601 SOUTH BAYSHORE DRIVE, SUITE 700
COCONUT GROVE, FL 33133 US

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.

SIGNATURE: SANTIAGO ELJAEK, MANAGER

05/09/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: RUIZ, MANUEL M
Address: 5858 SW 50 TERRACE
City-St-Zip: MIAMI, FL 33155

Title: MGR () Delete
Name: MORRIS, COLIN O
Address: 975 N. MIAMI BEACH BLVD.
City-St-Zip: N. MIAMI BEACH, FL 33162

Title: MGR () Delete
Name: GATO, WILLIAM J
Address: 9320 FOUNTAINEBLEAU BLVD., STE 214
City-St-Zip: MIAMI, FL 33172

Title: MGR () Delete
Name: PHILLIPS, CLAUDIA
Address: 4241 SW WINSLOW STREET
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: MGR () Delete
Name: CORREA, DANIEL
Address: 14950 SW 157 COURT
City-St-Zip: MIAMI, FL 33196

Title: MGR () Delete
Name: CLAVIJO-KISH, CHRISTINE
Address: 9133 DICKENS AVENUE
City-St-Zip: SURFSIDE, FL 33154

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
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Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MANUEL M RUIZ

MGR

05/09/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date