
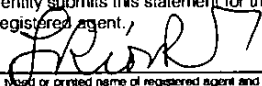



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90074 002 ****50.00

DOCUMENT # L06000094061 1. Entity Name VANGAB, L.L.C.					
Principal Place of Business 9088 W. ATLANTIC BLVD., APT.#527 CORAL SPRINGS, FL 33071			Mailing Address 9088 W. ATLANTIC BLVD., APT.#527 CORAL SPRINGS, FL 33071		
2. Principal Place of Business - No P.O. Box # 2432 UNIVERSITY DR.		3. Mailing Address 2432 UNIVERSITY DR.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State CORAL SPRINGS - FL		City & State CORAL SPRINGS - FL		4. FEI Number 20-5684428	
Zip 33065		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BODIN, GLORIA ROA 2655 LEJEUNE ROAD SUITE # 1001 CORAL GABLES, FL 33134			7. Name and Address of New Registered Agent Name LEOPOLDO G. RIOS Street Address (P.O. Box Number is Not Acceptable) 11904 MIRAMAR PARKWAY City MIRAMAR FL Zip Code 33025		
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  LEOPOLDO G. RIOS 04/25/2007 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>					
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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
			MGRM ROBERTO FENTE 9088 W. ATLANTIC BOULEVARD, APT. 527 CORAL SPRINGS, FL 33071		
			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
			MGRM GABRIELLA FENTE 9088 W. ATLANTIC BOULEVARD, APT. 527 CORAL SPRINGS, FL 33071		
			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
			<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:  GABRIELLA FENTE 4/27/07 . Tel: 954 753-3189 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					