

**2008 LIMITED LIABILITY COMPANY
AMENDED ANNUAL REPORT**

FILED

08 SEP 29 PM 3:15

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**



DOCUMENT # L06000094312			
1. Entity Name OLA CONSTRUCTION GROUP, LLC			
Principal Place of Business 13081 S.W. 133RD COURT MIAMI, FL 33186 US		Mailing Address 9415 S.W. 144TH STREET MIAMI, FL 33176 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 13081 SW 133 COURT	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State MIAMI, FLORIDA	
Zip	Country	Zip	Country
33186	US	33186	US
4. FEI Number 06-1794113		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LEPORE, ESQ., ANTHONY T MR. 1890 NW 139 TERRACE PEMBROKE PINE, FL 33028		Name OSCAR FERNANDEZ	
		Street Address (P.O. Box Number is Not Acceptable)	
		13081 SW 133 COURT	
		City MIAMI	
		FL	
		Zip Code 33186	
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		OSCAR FERNANDEZ	
		9/23/08	
Amended AR is \$50.00		DATE	
		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE	MGRM	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDEN, ADIB	NAME	
STREET ADDRESS	9415 S.W. 144TH STREET	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33176	CITY-ST-ZIP	
<input checked="" type="checkbox"/> Delete			
TITLE	MGRM	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEON, LUIS	NAME	
STREET ADDRESS	13081 SW 133 COURT	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33186	CITY-ST-ZIP	
<input checked="" type="checkbox"/> Delete			
TITLE		TITLE	MGRM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	FERNANDEZ, OSCAR
STREET ADDRESS		STREET ADDRESS	13081 SW 133 COURT
CITY-ST-ZIP		CITY-ST-ZIP	MIAMI, FL 33186
<input type="checkbox"/> Delete			
TITLE		TITLE	MGRM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	LOPEZ, LESLIE
STREET ADDRESS		STREET ADDRESS	13081 SW 133 COURT
CITY-ST-ZIP		CITY-ST-ZIP	MIAMI, FL 33186
<input type="checkbox"/> Delete			
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete			
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete			
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:		9/23/08	
		305 2356 995	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	
		Daytime Phone #	