2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 05, 2008
Secretary of State

DOCUMENT# L06000105709

Entity Name: ORUGA ENTERPRISE, LLC

Current Principal Place of Business:

9631 N.W. 33RD STREET
DORAL, FL 33172

New Principal Place of Business:

758 PURCHASE ST APT 10
NEW BEDFORD, MA 02740

Current Mailing Address:

9631 N.W. 33RD STREET
DORAL, FL 33172

New Mailing Address:

758 PURCHASE ST APT 10
NEW BEDFORD, MA 02740

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **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:

CORTESI, JOSE L
9631 N.W. 33RD STREET
DORAL, FL 33172 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: REQUIZ, GUSTAVO
Address: 9631 N.W. 33RD STREET
City-St-Zip: DORAL, FL 33172

Title: MGRM ( ) Delete
Name: COHEN, SIGAL
Address: 9631 N.W. 33RD STREET
City-St-Zip: DORAL, FL 33172

Title: MGRM ( ) Delete
Name: FLEITAS, ZULIMA E
Address: 9631 N.W. 33RD STREET
City-St-Zip: DORAL, FL 33172

Title: MGRM ( ) Delete
Name: REQUIZ, ALEJANDRO
Address: 9631 N.W. 33RD STREET
City-St-Zip: DORAL, FL 33172

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: REQUIZ, GUSTAVO
Address: 758 PURCHASE ST APT 10
City-St-Zip: NEW BEDFORD, MA 02740

Title: MGRM (X) Change ( ) Addition
Name: COHEN, SIGAL
Address: 758 PURCHASE ST APT 10
City-St-Zip: NEW BEDFORD, MA 02740

Title: MGRM (X) Change ( ) Addition
Name: FLEITAS, ZULIMA E
Address: 758 PURCHASE ST APT 10
City-St-Zip: NEW BEDFORD, MA 02740

Title: MGRM (X) Change ( ) Addition
Name: REQUIZ, ALEJANDRO
Address: 758 PURCHASE ST APT 10
City-St-Zip: NEW BEDFORD, MA 02740

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: ALEJANDRO AR 09/05/2008

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