2007 LIMITED LIABILITY COMPANY

Apr 06, 2007 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # L06000110294 04-06-2007 90226 004 ****50.00 RAFÁEL A. RIVERA P.L. Principal Place of Business PARAMAI Mailing Address 4415 N.W. 84TH AVENUE 4415 N.W. 84TH AVENUE CORAL SPRINGS, FL 33065 CORAL SPRINGS, FL 33065 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04022007 Chg-LLC CR2E083 (12/06) Applied For City & State City & State 4. FEI Number 20-5883406 Not Applicable Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATE CREATIONS NETWORK, INC. Street Address (P.O. Box Number is Not Acceptable) 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410 City 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) Filing Fee is \$50.00 Make check payable to Due by May 1, 2007 Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGRM Change TITLE ■ Addition ☐ Delete TITLE RIVERA, RAFAEL A NAME NAME STREET ADDRESS 4415 N.W. 84TH AVENUE STREET ADDRESS CORAL SPRINGS, FL 33065 CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP ☐ Delete TITI F ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADORESS

FILED

☐ Change

☐ 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 received or trustee impowered to execute this report as required by Chapter 608, Florida Statutes.

Delete

RAFAEL A. RIVERA, APRIL 3,2007 954-464-0537 SIGNATURE: G MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #

CITY-ST-7IP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

CITY-ST-7IP TITLE

STREET ADDRESS

CITY-ST-ZIP

NAME