2007 LIMITED LIABILITY COMPANY

Apr 27, 2007 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # L06000115367 04-27-2007 90026 049 ****55.00 1. Entity Name SPICE STOCK LLC Principal Place of Business Mailing Address 60041952 1331 BRICKELL BAY DRIVE, UNIT 4707 1331 BRICKELL BAY DRIVE, UNIT 4707 M!AMI, FL 33131 MIAMI, FL 33131 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02052007 Chg-LLC CR2E083 (12/06) City & State City & State Applied For 4. FEI Number Not Applicable Zip Zip Country 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 BAEZ, GUSTAVO 1331 BRICKELL BAY DRIVE, UNIT 4707 Street Address (P.O. Box Number is Not Acceptable) MIAMI, FL 33131 Zip Code City 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) Fillng Fee Is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. 10. MGRM TITLE ☐ Delete TITLE Change Addition NAME BAEZ, GUSTAVO NAME STREET ADDRESS 1331 BRICKELL BAY DRIVE, UNIT 4707 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete Change TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 pur 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 of trustee procedure this report as required by Chapter 608, Florida Statutes.

GUSMUO BACE SIGNATURE: ED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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