

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000118339

FILED
Jan 22, 2008
Secretary of State

Entity Name: COAGRAM LIMITED LIABILITY COMPANY

Current Principal Place of Business:

5561 NW 72 AV
MIAMI, FL 33166

New Principal Place of Business:

Current Mailing Address:

5561 NW 72 AV
MIAMI, FL 33166

New Mailing Address:

5174 NE 3 RD COURT
1
MIAMI, FL 33137

FEI Number: 20-8839568

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OROZCO, MARTHA C SRA
2618 COLLINS AV
416
MIAMI BEACH,, FL 33140-473 US

Name and Address of New Registered Agent:

OROZCO, MARTHA C SRA
5174 NE 3 RD COURT
1
MIAMI,, FL 33137 US

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: MARTHA C OROZCO G.

01/22/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: OROZCO G., MARTHA C. F SRA
Address: 2618 COLLINS AV
City-St-Zip: MIAMI BEACH, FL 33140 47

Title: MGRM () Delete
Name: MOLANO R., ARY J. M ING
Address: 2618 COLLINS AV
City-St-Zip: MIAMI BEACH, FL 33140 47

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: OROZCO G., MARTHA C.
Address: 5174 NE 3 RD COURT
City-St-Zip: MIAMI, FL 33137

Title: MGRM (X) Change () Addition
Name: MOLANO R., ARY J.
Address: 5174 NE 3 RD COURT
City-St-Zip: MIAMI, FL 33137

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: MARTHA C. OROZCO G.

MGR

01/22/2008

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