2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000118657

Entity Name: SUNSET CELL GROUP, LLC

FILED Jun 25, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 10813 NW 29 ST MIAMI, FL 33172 **Current Mailing Address: New Mailing Address:** 10813 NW 29 ST MIAMI, FL 33172 FEI Number: 20-8035099 FEI Number Applied For () FEI Number Not Applicable () 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: Name and Address of New Registered Agent: B & G LEZAMA GROUP, LLC 10661 NORTH KENDAL DR. SUITE# 220 MIAMI, FL 33176 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: **PRES** Title: () Change () Addition () Delete ALZATE, ROBERTO C Name: Name: 10813 NW 29 ST Address: Address: City-St-Zip: DORAL, FL 33172 City-St-Zip: Title: Title: () Delete () Change () Addition Name: SCARICACIOTTOLI, PABLO A Name: Address: 10813 NW 29TH STREET Address: City-St-Zip: DORAL, FL 33172 City-St-Zip: Title: MGRM () Delete Title: MGRM (X) Change () Addition SUNSET CELL SOLUTIONS, CORP Name: CAPALI TRADING CORP Name: 10813 NW 29TH STREET Address: Address: 5746 N.W. 112 PSGE City-St-Zip: MIAMI, FL 33172 City-St-Zip: DORAL, FL 33178 () Delete () Change () Addition Title: MGRM Title: SKAL CORP Name: Name: 12907 SW 64TH LANE Address: Address: City-St-Zip: MIAMI, FL 33183 City-St-Zip: Title: () Delete MGRM Title: () Change () Addition TOTTY LLC Name: Name: 14757 SW 9 LANE Address: Address: City-St-Zip: MIAMI, FL 33194 City-St-Zip: Title: () Delete Title: MGRM (X) Change () Addition OSORIO FABIO SUNSET INVESTMENTS GROUP LLC Name: Name: Address: 10813 NW 29TH STREET Address: 2000 SE 19 ST DORAL, FL 33172 HOMESTEAD, FL 33035 City-St-Zip: City-St-Zip:

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.