2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2008
Secretary of State

DOCUMENT# L07000009203

Entity Name: NARINE, POONAI & HINHA, LLC

Current Principal Place of Business:

840 NW 72ND AVENUE
PLANTATION, FL 33317

New Principal Place of Business:

Current Mailing Address:

840 NW 72ND AVENUE
PLANTATION, FL 33317

New Mailing Address:

FEI Number: 51-0672301 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NARINE, ROBERT C
840 NW 72ND AVENUE
PLANTATION, FL 33317 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:	NARINE, ROBERT C	
Address:	840 NW 72ND AVENUE	
City-St-Zip:	PLANTATION, FL 33317	
Title:	MGRM	( ) Delete
Name:	NARINE, LAKHASWRIE	
Address:	840 NW 72ND AVENUE	
City-St-Zip:	PLANTATION, FL 33317	
Title:	MGRM	( ) Delete
Name:	POONAI, TEJ	
Address:	6100 SW 158TH WAY	
City-St-Zip:	DAVIE, FL 33331	
Title:	MGRM	( ) Delete
Name:	POONAI, ROSE	
Address:	6100 SW 158TH WAY	
City-St-Zip:	DAVIE, FL 33331	
Title:	MGRM	( ) Delete
Name:	SINHA, AJAY	
Address:	8115 NW 72ND AVENUE	
City-St-Zip:	TAMARAC, FL 33321	
Title:	MGRM	( ) Delete
Name:	SINHA, SUROOJINE	
Address:	8115 NW 72ND AVENUE	
City-St-Zip:	TAMARAC, FL 33321	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
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.

SIGNATURE: ROBERT NARINE MGRM 04/27/2008

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