2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) – DUE BY MAY 1, 2008

FILED
Apr 03, 2008 8:00 am
Secretary of State
02-18-2008 90072 038 ***138.75

30003175

1st-MOORE CR2E083 (10/07)

DOCUMENT # L07000012588

1. Entity Name
O.F. BUILDING, LLC

Principal Place of Business	Mailing Address
2820 SW 149 AVE MIAMI FL 33185	2820 SW 149 AVE MIAMI FL 33185

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1835 N W 19 TR	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI FL	City & State
Zip: 33125 Country	Zip Country

4. FEI Number: 20-8393442 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent:
ROZENCWAIG, NADEL & FERRERO-CARR, LLP 301 W. HALLANDALE BEACH BOULEVARD HALLANDALE BEACH FL 33009	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008, Fee Will Be $538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	FLORES, DARIANA		NAME		
STREET ADDRESS	301 W. HALLANDALE BEACH BOULEVARD		STREET ADDRESS	2820 SW 149 AV	
CITY-ST-ZIP	HALLANDALE BEACH FL 33009		CITY-ST-ZIP	MIAMI FL 33185	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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 Section 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] 2-6-08 305 3237282
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #