2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000023439

Entity Name: SILMAFE, LLC

City-St-Zip: HIALEAH, FL 33012

FILED Apr 20, 2009 Secretary of State

| Current Principal Place of Business: | | | New Principal Place of Business: | |
|---|---|----------------------------------|---|--|
| | ST 12TH AVE. FL 33012 | | | |
| Current Mailing Address: | | | New Mailing Address: | |
| | ST 12TH AVE. FL 33012 | | | |
| FEI Number | : 37-1538764 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () |
| Name and | Address of C | urrent Registered Agent: | Name and Address | of New Registered Agent: |
| 4994 WES | FERNANDEZ ST 12TH AVE. FL 33012 U | | | |
| | named entity see of Florida. | submits this statement for the p | ourpose of changing its register | ed office or registered agent, or both |
| SIGNATUI | RE: | | | |
| | Electron | ic Signature of Registered Age | ent | Date |
| MANAGING MEMBERS/MANAGERS: | | | ADDITIONS/CHANGES: | |
| Title: Name: Address: City-St-Zip: | MGR () FERNANDEZ, N 4994 WEST 12 HIALEAH, FL 3 | TH AVE. | Title: Name: Address: City-St-Zip: | () Change () Addition |
| Title: Name: Address: | MGR () FERNANDEZ, S 4994 WEST 12 | | Title: Name: Address: | () Change () Addition |

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: MANUEL FERNANDEZ JR 04/20/2009