FILED
Mar 13, 2008 8:00 am
Secretary of State

1/1

01-14-2008 90045 007 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000071360

1. Entity Name
VANJAI INVESTMENTS, LLC

30002089

Principal Place of Business	Mailing Address
7240 SW 39TH TERRACE MIAMI, FL 33155	7240 SW 39TH TERRACE MIAMI, FL 33155

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
2699 West 79 Street		2699 West 79 Street	
Suite, Apt. #, etc.: Bay #1		Suite, Apt. #, etc.: Bay #1	
City & State: Hialeah, Florida		City & State: Hialeah, Florida	
Zip: 33016	Country: USA	Zip: 33016	Country: USA

01092008 Chg-LLC CR2E083 (12/06)

4. FEI Number — ☑ 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
VELOCCI, VANESSA 7240 SW 39TH TERRACE MIAMI, FL 33155	Name: Street Address (P.O. Box Number is Not Acceptable): 2699 West 79 Street Bay #1 City: Hialeah FL Zip Code: 33016

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: Vanessa Velocci MGRM 1/9/08
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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM VELOCCI, VANESSA 7240 SW 39TH TERRACE MIAMI, FL 33155	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2699 west 79 street Bay #1 Hialeah, FL 33016	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VELOCCI, JAIME 7240 SW 39TH TERRACE MIAMI, FL 33155	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Vanessa Velocci Vanessa Velocci 1/9/08 (305)260-0034
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #