

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000076084

Entity Name: MK ONLINE BUSINESS, LLC

FILED
Feb 25, 2008
Secretary of State

Current Principal Place of Business:

14640 BULL RUN ROAD, SUITE 219
MIAMI LAKES, FL 33014

New Principal Place of Business:

10367 NW 41ST STREET
DORAL, FL 33178

Current Mailing Address:

14640 BULL RUN ROAD, SUITE 219
MIAMI LAKES, FL 33014

New Mailing Address:

FEI Number: 26-0606243 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

STORNI, MARTIN
14640 BULL RUN ROAD, SUITE 219
MIAMI LAKES, FL 33014 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: STORNI, MARTIN
Address: 14640 BULL RUN ROAD, SUITE 219
City-St-Zip: MIAMI LAKES, FL 33014

Title: MGRM () Delete
Name: ROMERO, CARLOS M
Address: 11453 NW 78TH TERRACE
City-St-Zip: DORAL, FL 33178

Title: MGRM () Delete
Name: ROMERO, ROBERTO S
Address: 18092 SW 29TH LANE
City-St-Zip: MIRAMAR, FL 33029

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:

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: MARTIN STORNI

MGRM

02/25/2008

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