## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Feb 18, 2008 8:00 am

DOCUMENT # L07000076440  1. Entity Name CONSUMER STOCK LIMITED LIABILITY COMPANY					Secretary of State 02-18-2008 90075 009 ***143.75			
Principal Place of Business 8160 GENEVA CT. APT 217 DORAL, FL 33166		Mailing Address 8160 GENEVA CT. APT 217 DORAL, FL 33166			1 	1	11 CCTH 18810 CHN 8141 8151	<b>15188</b> 1   11 <b>181</b> 11
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01312008	Chg-LLC	CR2E083 (12/06	s) <sup>.</sup>	
City & State		City & State		4. FEI Number	36-46	1711/7 -	Applied For Not Applicable	
Zip	Country	Zip	Count	ry	5. Certificate of	of Status Desired	\$5.00 A	
	6. Name and Address of Current	Registered Agent	<u> </u>	<del> </del>	7. Name and	Address of New R	legistered Agent	
				Name				
JAVIER, OSPINA 8160 GENEVA CT.				Street Address (	s (P.O. Box Number is Not Acceptable)			
APT 217 DORAL, F	L 33166	e e e e e e e e e e e e e e e e e e e	Ī			* **		
			Ì	City		· · · · · · · · · · · · · · · · · · ·	FL Zip Co	ode
8. The above	named entity submits this statement fations of registered agent.	or the purpose of changing its	registere	d office or register	ed agent, or both	, in the State of Flo	orida. I am familiar wit	h, and accept
SIGNATURE	Signature, typed or printed name of registered agen	and title if applicable (NOTE	: Registered	Agent signature required	when reinstating)	<del> </del>	DATE	
FILE	Signature, typed or printed name of registered agent E NOWIII FEE IS \$138.75 y 1, 2008 Fee will be \$538.7		: Registered	Agent signature required	when reinstating)		DATE  Department of St	
FILE	NOW!!! FEE IS \$138.75	5	:: Registered	Agent signature required	when reinstating)	Florida	e check payable to a Department of St	
FILE After May	E NOWIII FEE IS \$138.75 y 1, 2008 Fee will be \$538.7	5 ERS/MANAGERS	10.	•	when reinstating)		e check payable to a Department of St /CHANGES	ate
FILE After May	NOWILL FEE IS \$138.75 y 1, 2008 Fee will be \$538.7 MANAGING MEMB	5			when reinstating)	Florida	e check payable to a Department of St	ate
FILE After May 9.	MANAGING MEMB  MGR  CASTRO, ANDRES E	5 ERS/MANAGERS	10. TITLE NAME	•	when reinstating)	Florida	e check payable to a Department of St /CHANGES	ate
FILE After May 9. TITLE NAME	NOWILL FEE IS \$138.75 y 1, 2008 Fee will be \$538.7 MANAGING MEMB	5 ERS/MANAGERS	10. TITLE NAME STREE		when reinstating)	Florida	e check payable to a Department of St /CHANGES	ate
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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: UNIVIOLO ON PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

106/08 918 852 2814