

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000086054

FILED
Aug 08, 2008
Secretary of State

Entity Name: AMAPOLA INVESTMENTS, LLC

Current Principal Place of Business:

85 GROVE STREET, APT. #402
WELLESLEY, MA 02482

New Principal Place of Business:

999 PONCE DE LEON BLVD.
SUITE 625
CORAL GABLES, FL 33134 US

Current Mailing Address:

85 GROVE STREET, APT. #402
WELLESLEY, MA 02482

New Mailing Address:

P.O. BOX 025323
MIAMI, FL 331025323 US

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

Name and Address of Current Registered Agent:

FARAH, CARLOS
999 PONCE DE LEON BLVD., SUITE 625
CORAL GABLES, FL 33134 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: MGR () Delete
Name: GURUCEAGA, ANTONIO
Address: 85 GROVE STREET, APT. #402
City-St-Zip: WELLESLEY, MA 02482

Title: MGR () Delete
Name: DE GURUCEAGA, MARIA T
Address: 85 GROVE STREET, APT. #402
City-St-Zip: WELLESLEY, MA 02482

Title: MGR () Delete
Name: GURUCEAGA, IGNACIO
Address: 85 GROVE STREET, APT. #402
City-St-Zip: WELLESLEY, MA 02482

Title: MGR () Delete
Name: GURUCEAGA, FRANCISCO
Address: 85 GROVE STREET, APT. #402
City-St-Zip: WELLESLEY, MA 02482

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GURUCEAGA, ANTONIO
Address: 999 PONCE DE LEON BLVD., STE 625
City-St-Zip: CORAL GABLES, FL 33134 US

Title: MGR (X) Change () Addition
Name: DE GURUCEAGA, MARIA T
Address: 999 PONCE DE LEON BLVD., STE 625
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR (X) Change () Addition
Name: GURUCEAGA, IGNACIO
Address: 999 PONCE DE LEON BLVD., STE 625
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR (X) Change () Addition
Name: GURUCEAGA, FRANCISCO
Address: 999 PONCE DE LEON BLVD., STE 625
City-St-Zip: CORAL GABLES, FL 33134

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: ANTONIO GURUCEAGA

MGR

08/08/2008

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