


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90034 001 ***693.75

DOCUMENT # L07000108910	
1. Entity Name DIMALTA INVESTMENT HOLDINGS LLC	

Principal Place of Business 19601 E COUNTRY CLUB DR - # 7-208 AVENTURA, FL 33180	Mailing Address 19601 E COUNTRY CLUB DR - # 7-208 AVENTURA, FL 33180
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 2665 S. Bayshore Drive
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Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 703
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City & State	City & State Miami, FL
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Zip	Country	Zip 33133	Country USA
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04302008 Chg-LLC CR2E083 (12/06)

4. FEI Number 26-1677647	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent WORLD CORPORATE SERVICES, INC. 2665 S BAYSHORE DR STE 703 MIAMI, FL 33133	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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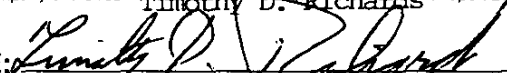
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALTAMIRANO, DIEGO 19601 E COUNTRY CLUB DR - # 7-208 AVENTURA, FL 33180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 prepare this report as required by Chapter 883, Florida Statutes.

SIGNATURE: 	Date	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		

30005597

