

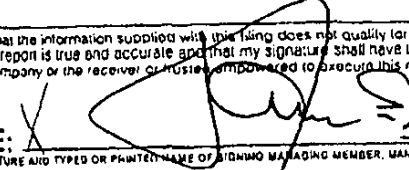
04-04-2008 90133 043 ***138.75

FILED

2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

2008 APR -4 PM 2: 05

SECRETARY OF STATE
TALLAHASSEE FL

DOCUMENT # L07000111648			
1. Entity Name MISTI MANAGEMENT, L.L.C.			
Principal Place of Business 2340 SO. DIXIE HIGHWAY MIAMI, FL 33133		Mailing Address 2340 SO. DIXIE HIGHWAY MIAMI, FL 33133	
2. Principal Place of Business - No P.O. Box # 2340 SO. DIXIE HIGHWAY		3. Mailing Address POSTNET 102090	
Suite, Apt. #, etc.		Suite, Apt. #, etc. P.O. BOX 02-5512	
City & State MIAMI, FLORIDA		City & State MIAMI - FLORIDA	
Zip 33133		Zip 33102 - 5512	
Country U.S.A.		Country US	
4. FEI Number 75-3259713		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DURAN, ALFREDO G 2340 SO. DIXIE HIGHWAY 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	
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 Signature, typed or printed name of registered agent and who is applying		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	MGR ARCE, JORGE L CRA. 5, 131-48, APT. 502 BOGOTA, COLOMBIA. ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ARCE, JORGE L POSTNET 102090, P.O. BOX 02-5512 MIAMI-FLORIDA 33102 - 5512 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	OPERATIONS MGR DARIE A, ANDRADE DE ARCE CRA.5, 131-46 APT.502 BOGOTA, COLOMBIA. ☐ 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	L. SELLERS ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MAY - 8 2008 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	EXAMINER ☐ 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 606, Florida Statutes.			
SIGNATURE: 		DATE: APR 4, 2008	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	