04-04-2008 90133 043 ***138.75

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2008 APR -4 PM 2:05

SECRETARY OF STATE
TALLAHASSEE FLORIDA

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000111648

1. Entity Name
MISTI MANAGEMENT, L.L.C.

Principal Place of Business	Mailing Address
2340 SO. DIXIE HIGHWAY MIAMI, FL 33133	2340 SO. DIXIE HIGHWAY MIAMI, FL 33133

01072000 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2340 So. Dixie Highway	POSTNET 102090
Suite, Apt. #, etc.	Suite, Apt. #, etc. P.O. BOX 02-5512
City & State Miami, Florida	City & State MIAMI - FLORIDA
Zip 33173 Country U.S.A.	Zip 33102 - 5512 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	7. Name and Address of New Registered Agent
DURAN, ALFREDO G 2340 SO. DIXIE HIGHWAY MIAMI, FL 33133	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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, 131-46, 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
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.
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

L. SELLERS

MAY - 8 2008

EXAMINER

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 608, Florida Statutes.

SIGNATURE: X OPR. MGR JORGE L ARCE MARCH 4, 2008 1-877-422-2661

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