2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000092545

Entity Name: SAMOFA, LLC

FILED Apr 30, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

396 ALHAMBRA CIRCLE 2600 DOUGLAS ROAD

SUITE 210 SUITE 506

CORAL GABLES, FL 33134 US CORAL GABLES, FL 33134 US

Current Mailing Address: New Mailing Address:

396 ALHAMBRA CIRCLE 2600 DOUGLAS ROAD

SUITE 210 SUITE 506

CORAL GABLES, FL 33134 US CORAL GABLES, FL 33134 US

FEI Number: 42-1766626 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

RESTREPO, DIEGO L P.A.

396 ALHAMBRA CIRCLE

SUITE 210

SUITE 506

SUITE 506

CORAL GABLES, FL 33134 US CORAL GABLES, FL 33134 US

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: DIEGO L RESTREPO, ESQ 04/30/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR () Delete Title: MGR (X) Change () Addition

Name: VARGAS, EDUARDO Name: VARGAS, EDUARDO
Address: 396 ALHAMBRA CIRCLE, SUITE 210 Address: 2600 DOUGLAS ROAD, SUITE 506

Address: 396 ALHAMBRA CIRCLE, SUITE 210 Address: 2600 DOUGLAS ROAD, SUITE 506 City-St-Zip: CORAL GABLES, FL 33134 US City-St-Zip: CORAL GABLES, FL 33134 US

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: EDUARDO VARGAS MGR 04/30/2009