

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000039763

FILED
May 03, 2010
Secretary of State

Entity Name: BABILON INVESTMENTS, LLC

Current Principal Place of Business:

3029 NE 188TH ST 509
AVENTURA, FL 33180

New Principal Place of Business:

3029 NE 188TH ST
509
AVENTURA, FL 33180

Current Mailing Address:

3029 NE 188TH ST 509
AVENTURA, FL 33180

New Mailing Address:

3029 NE 188 ST
509
AVENTURA, FL 33180

FEI Number: 80-0404050 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

RENGIFO, EDDY
3029 NE 188TH ST 509
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

RENGIFO, EDDY A MR.
3029 NE 188TH ST 509
AVENTURA, FL 33180 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: EDDY RENGIFO

05/03/2010

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: ESPINOSA, NATALIA
Address: 3029 NE 188TH ST 509
City-St-Zip: AVENTURA, FL 33180

Title: MGRM
Name: RENGIFO, EDDY
Address: 3029 NE 188TH ST 509
City-St-Zip: AVENTURA, FL 33180

Title: MGRM
Name: ARRAZOLA, ANA
Address: 3029 NE 188TH ST 509
City-St-Zip: AVENTURA, FL 33180

Title: MGRM
Name: RENGIFO, JR, EDDY
Address: 3029 NE 188TH ST 509
City-St-Zip: AVENTURA, FL 33180

Title: MGRM
Name: RENGIFO, EDDYYANA
Address: 3029 NE 188TH ST 509
City-St-Zip: AVENTURA, FL 33180

I hereby 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: EDDY RENGIFO

MGRM

05/03/2010

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