2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: DON MANUEL, LLC.

Current Principal Place of Business:

2801 NE 208TH TERRACE
2ND FLOOR
AVENTURA, FL 33180 US

New Principal Place of Business:

Current Mailing Address:

2801 NE 208TH TERRACE
2ND FLOOR
AVENTURA, FL 33180 US

New Mailing Address:

FEI Number: 37-1604455 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FINKELBERG, CHRISTIAN R
155 CAMERON CT
WESTON, FL 33326 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: ARZUBI BORDA, SANTIAGO
Address: 2801 NE 208TH TERRACE 2ND FLOOR
City-St-Zip: AVENTURA, FL 33180 US

Title: MGRM
Name: ARZUBI BORDA, JUAN CRUZ
Address: 2801 NE 208TH TERRACE 2ND FLOOR
City-St-Zip: AVENTURA, FL 33180 US

Title: MGRM
Name: ARZUBI BORDA, MARIA JOSE
Address: 2801 NE 208TH TERRACE 2ND FLOOR
City-St-Zip: AVENTURA, FL 33180 US

Title: MGRM
Name: ARZUBI BORDA, JOAQUIN
Address: 2801 NE 208TH TERRACE 2ND FLOOR
City-St-Zip: AVENTURA, FL 33180 US

Title: MGRM
Name: SINGLER, MARIA DEL PILAR
Address: 2801 NE 208TH TERRACE, STE. 200
City-St-Zip: AVENTURA, FL 33180 US

Title: MGRM
Name: ARZUBI BORDA, RICARDO I
Address: 2801 NE 208TH TERRACE, STE. 200
City-St-Zip: AVENTURA, FL 33180 US

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 Statues.

SIGNATURE: ARZUBI BORDA,SANTIAGO MGRM 04/25/2012

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