2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000106527

Entity Name: HINJU LABS LLC

Current Principal Place of Business:	**New Principal Place of Business:**
12815 NW 45TH AVENUE UNIT 4 OPA LOCKA, FL 33054	

Current Mailing Address:	**New Mailing Address:**
12815 NW 45TH AVENUE UNIT 4 OPA LOCKA, FL 33054	2900 UNIVERSITY DRIVE SUITE 38 CORAL SPRINGS, FL 33065

FEI Number: 61-1631239   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:**
LEFKOWITZ, JEFF 12815 NW 45TH AVENUE UNIT 4 OPA LOCKA, FL 33054 US	LEFKOWITZ, JEFF 2900 UNIVERSITY DRIVE SUITE 38 CORAL SPRINGS, FL 33065 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: JEFF LEFKOWITZ   04/29/2011

                 Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: PEREZ, DAVID
Address: 12815 NW 45TH AVENUE
City-St-Zip: OPA LOCKA, FL 33054

Title: MGRM
Name: PEREZ, NICOLAS
Address: 12815 NW 45TH AVENUE
City-St-Zip: OPA LOCKA, FL 33054

Title: MGRM
Name: ARORA, KARAN
Address: 12815 NW 45TH AVENUE
City-St-Zip: OPA LOCKA, FL 33054

Title: MGRM
Name: CHOKSHI, TEJAS
Address: 12815 NW 45TH AVENUE
City-St-Zip: OPA LOCKA, FL 33054

Title: MGRM
Name: LEFKOWITZ, JEFF
Address: 12815 NW 45TH AVENUE
City-St-Zip: OPA LOCKA, FL 33054

Title: MGRM
Name: HYMAN, MARIAN
Address: 12815 NW 45TH AVENUE
City-St-Zip: OPA LOCKA, FL 33054

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: JEFF LEFKOWITZ   P   04/29/2011

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