2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000116759

Entity Name: PARABAY LLC

FILED Jul 26, 2012 Secretary of State

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

2020 N BAYSHORE DRIVE #608 7102 NW 112 CT **DORAL, FL 33178**

MIAMI, FL 33137

Current Mailing Address: New Mailing Address:

10767 NW 76 LANE 7102 NW 112 CT DORAL, FL 33178 DORAL, FL 33178

FEI Number: 45-3586592 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:

ECHEVERRIA, RICARDO ECHEVERRIA, RICARDO 7102 NW 112 CT 10767 NW 76 LANE DORAL, FL 33178 DORAL, FL 33178

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: RICARDO ECHEVERRIA 07/26/2012

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

MGRM

EL KHAOULI, PEDRO Name:

Address: 485 BRICKELL AVE, UNIT 2703

City-St-Zip: MIAMI, FL 33131 US

Title: MGRM

Name: ECHEVERRIA, RICARDO Address: 10767 NW 76 LANE City-St-Zip: DORAL, FL 33178 US

Title: MGR

EL KHAOULI, ANTONIO Name: Address: 485 BRICKELL AVE, UNIT 2703

City-St-Zip: MIAMI, FL 33131 US

Title: MGR

Name: EL KHAOULI, JOSE

485 BRICKELL AVE, UNIT 2703 Address:

City-St-Zip: MIAMI, FL 33131 US

Title: MGR

EL KHAOULI, SALOMON Name: 485 BRICKELL AVE, UNIT 2703 Address:

MIAMI, FL 33131 US City-St-Zip:

Title:

ALAM ECHEVERRIA, IVETTE Name: Address: 10767 NW 76 LANE DORAL, FL 33178 US City-St-Zip:

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: RICARDO ECHEVERRIA **MGRM** 07/26/2012

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