

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000001703

Entity Name: OFAM, LLC

FILED
Apr 21, 2009
Secretary of State

Current Principal Place of Business:

1825 PONCE DE LEON BLVD #147
CORAL GABLES, FL 33034

New Principal Place of Business:

2865 WEST HOLLOW DR #8
HOUSTON, TX 77082

Current Mailing Address:

1825 PONCE DE LEON BLVD #147
CORAL GABLES, FL 33134

New Mailing Address:

2865 WEST HOLLOW DR #8
HOUSTON, TX 77082

FEI Number: 45-0466980

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MALDONADO, JUAN CARLOS
1825 PONCE DE LEON BLVD., #147
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

MALDONADO, JUAN CARLOS
1825 POCE DE LEON BLV #147
MIAMI, FL 331440 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:

04/21/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MALDONADO, JUAN C
Address: 3606 SHADOW FORK COURT
City-St-Zip: HOUSTON, TX

Title: MGR () Delete
Name: MALDONADO, ADRIANA
Address: 3606 SHADOW FORK COURT
City-St-Zip: HOUSTON, TX

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: MALDONADO, ANA S
Address: 3606 SHADOW FORK COURT
City-St-Zip: HOUSTON, TX

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: JUAN CARLOS MALDONADO

MGR

04/21/2009

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