

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 10, 2007 08:00 AM
Secretary of State

DOCUMENT # M06000005424 1. Entity Name JAFRABI, LLC	
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Principal Place of Business 5230 SOUTH UNIVERSITY DR. SUITE 103 DAVIE, FL 33328	Mailing Address 5230 SOUTH UNIVERSITY DR. SUITE 103 DAVIE, FL 33328
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DO NOT WRITE IN THIS SPACE



07032007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-5630651	Applied For Not Applicable
5. Certificate of Status Desired ☒	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent LOPEZ-GARCIA, JORGE LUIS ESQ 1570 MADRUGA AVENUE SUITE 211 CORAL GABLES, FL 33146
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DO NOT WRITE IN THIS SPACE

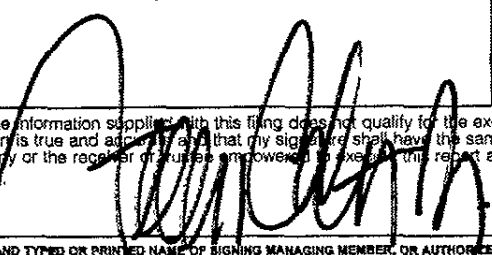
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

**Filing Fee is \$50.00
Due by September 14, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM COSTOYA, FRANCISCO JR 5320 SOUTH UNIVERSITY DRIVE SUITE 103 DAVIE, FL 33328
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM COSTOYA, ALBA 5320 SOUTH UNIVERSITY DRIVE SUITE 103 DAVIE, FL 33328
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 registered agent authorized to execute this report as required by Chapter 608, Florida Statutes.
SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

7.49.17 954.6604447