2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # M06000005424

1. Entity Name
JAFRABI, LLC

Principal Place of Business	Mailing Address
5230 SOUTH UNIVERSITY DR. SUITE 103 DAVIE, FL 33328	5230 SOUTH UNIVERSITY DR. SUITE 103 DAVIE, FL 33328

DO NOT WRITE IN THIS SPACE

07032007No 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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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by September 14, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	COSTOYA, FRANCISCO JR
STREET ADDRESS	5320 SOUTH UNIVERSITY DRIVE SUITE 103
CITY-ST-ZIP	DAVIE, FL 33328
TITLE	MGRM
NAME	COSTOYA, ALBA
STREET ADDRESS	5320 SOUTH UNIVERSITY DRIVE SUITE 103
CITY-ST-ZIP	DAVIE, FL 33328
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____ 7.10.07 954.6604441
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #