

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005568

FILED  
Jan 11, 2011  
Secretary of State

Entity Name: LLIRRAFO INC.

**Current Principal Place of Business:**

6741 SW 24TH STREET  
#31  
MIAMI, FL 33155 US

**New Principal Place of Business:**

**Current Mailing Address:**

6486 S.W. 13TH STREET  
WEST MIAMI, FL 33144

**New Mailing Address:**

FEI Number: 65-0703763

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

O'FARRILL-BARRANCO, SONIA  
6486 S.W. 13TH STREET  
WEST MIAMI, FL 33144 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: S  
Name: ROJAS, MICHELLE  
Address: 131 SW 117TH AVE, APT 103  
City-St-Zip: PEMBROKE PINES, FL 33025

Title: P  
Name: MARTINEZ, MAYRA  
Address: 3100 NW 17 ST  
City-St-Zip: MIAMI, FL 33125

Title: T  
Name: PALACIOS-RODRIGUEZ, IRMA  
Address: 15103 NW 89TH PLACE  
City-St-Zip: MIAMI, FL 33015

Title: D  
Name: MELO, SONAGRI  
Address: 15757 SW 40TH STREET  
City-St-Zip: MIRAMAR, FL 33057

Title: D  
Name: FULLANA, LIDIA ROSA  
Address: 5760 SW 59TH PLACE  
City-St-Zip: MIAMI, FL 33143

Title: D  
Name: PRIAS, NADJA  
Address: 444 BRICKELL AVE, SUITE 721  
City-St-Zip: MIAMI, FL 33131

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MAYRA MARTINEZ

P

01/11/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date