


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # L02000017178
 1. Entity Name
 ALVAREZ & ROJAS CPAS, LLC



Principal Place of Business 1985 NW 88 COURT, STE 201 MIAMI, FL 33172	Mailing Address 1985 NW 88 COURT, STE 201 MIAMI, FL 33172
---	---

DO NOT WRITE IN THIS SPACE



04292008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 04-3702039	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 ALVAREZ & ASSOCIATES CPA'S, PA
 1985 NW 88 COURT, STE 201
 MIAMI, FL 33172

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U00000936506
 05/27/08-80014-005 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALVAREZ & ASSOCIATES CPA'S, P.A. 1985 NW 88 COURT, SUITE 201 MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROJAS, A.M. P.A. 1985 NW 88 COURT, STE 201 MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: *Juan D Alvarez* *Vivian D. Alvarez* 4/28/08 305-471-8429

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #