## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **DOCUMENT # L02000034208**

1. Entity Name
THE GOLDEN COW, LLC



60024609

Principal Place of Business

5800 N.W. 74TH AVE. MIAMI, FL 33166 Mailing Address

5800 N.W. 74TH AVE. MIAMI, FL 33166

## DO NOT WRITE IN THIS SPACE



**FILED** 

Secretary of State

03-16-2007 90155 042 \*\*\*\*50.00

Mar 16, 2007 8:00 am

01042007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 51-0442122

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DIAZ, JUAN ESQ 5800 NW 74TH AVE MIAMI, FL 33166

## DO NOT WRITE IN THIS SPACE

			AGE
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 reinstating)  DATE			
Filing Fee is \$59.00 Due by May 1, 2007			
9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGRM		
NAME	BARED, JOSE P		
STREET ADDRESS	5800 NW 74TH AVE		
CITY-ST-ZIP	MIAMI, FL 33166		
TITLE	VPD		i
NAME	CARLOS E. Bared 5800 NW 74 AVE		`
STREET ADDRESS	5800 NW 74 AVC		
CITY-ST-ZIP	Miami, FL. 33166		
TITLE	VPD O		
NAME	Maurice Bared		
STREET ADDRESS	5800 NW 74 AVC	DO NOT W	DITE
CITY-ST-ZIP	Mam: F1. 33164		INITE
TITLE	,	IN THIS SE	PACE
NAME		114 11110 01	ACL
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			-
STREET ADDRESS			į.
CITY ST. 7IP			

11. I hereby certify that the information supplied with this lifting 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 trusted empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

OR PRINTED HAME OF SUSHING MANAGING MEMBER, OR SUTHORIZED REPRESENTATIVE

1-4-07

305-471-5141

Daytime Phone #