


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90024 033 \*\*\*138.75

**DOCUMENT # L02000034208**

1. Entity Name  
**THE GOLDEN COW, LLC**



Principal Place of Business  
**5800 N.W. 74TH AVE.  
 MIAMI, FL 33166**

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

2. Principal Place of Business (No P.O. Box)  
**18001 Old Cutler Rd  
 Suite, Apt. etc. 370**

3. Mailing Address  
**18001 Old Cutler Rd.  
 Suite, Apt. etc. 370**



04292008 Chg-LLC CR2E083 (12/06)

City & State  
**Palmetto Bay FL 33157**

City & State  
**Palmetto Bay, FL  
 33157 MIAMI DADE**

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**

**CORPORATE CREATIONS NETWORK, INC.  
 11380 PROSPERITY FARMS ROAD #221E  
 PALM BEACH GARDENS, FL 33410**

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_

City **FL** Zip Code \_\_\_\_\_

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**

**Make check payable to**  
**Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGRM	<input type="checkbox"/> Delete
NAME BARED, JOSE P	
STREET ADDRESS 5800 NW 74TH AVE	
CITY-ST-ZIP MIAMI, FL 33166	
TITLE VPD	<input type="checkbox"/> Delete
NAME BARED, JOSE P	
STREET ADDRESS 5800 NW 74 AVE	
CITY-ST-ZIP MIAMI, FL 33166	
TITLE VD	<input type="checkbox"/> Delete
NAME BARED, MAURICE	
STREET ADDRESS 5800 NW 74 AVE	
CITY-ST-ZIP MIAMI, FL 33166	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

**10. ADDITIONS/CHANGES**

TITLE MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BARED, JOSE P	
STREET ADDRESS 18001 Old Cutler Rd # 370	
CITY-ST-ZIP Palmetto Bay FL 33157	
TITLE MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BARED, CARLOS	
STREET ADDRESS 18001 Old Cutler Rd # 370	
CITY-ST-ZIP Palmetto Bay FL 33157	
TITLE MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BARED, MAURICE	
STREET ADDRESS 18001 Old Cutler Rd # 370	
CITY-ST-ZIP Palmetto Bay FL 33157	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

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:** \_\_\_\_\_ **4-29-08**

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