


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 22, 2005 8:00 am**  
**Secretary of State**

02-22-2005 90074 010 \*\*\*\*55.00

**DOCUMENT # L03000014189**  
 1. Entity Name  
**D.G.D. MANAGEMENT & PROJECTS, LLC**



Principal Place of Business 1120 S. POWERLINE RD. POMPANO BEACH, FL 33069	Mailing Address 1120 S. POWERLINE RD. POMPANO BEACH, FL 33069
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60014041



02152005No Chg-LLC CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 55-0836482	Applied For Not Applicable
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5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent  
 CABRERA, LUIS M  
 1120 S. POWERLINE RD.  
 POMPANO BEACH, FL 33069

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00 Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FERNANDO, DELGADO 1120 S. POWERLINE RD POMPANO BCH, FL 33069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALEJANDRO, GONZALEZ 1120 S. POWERLINE RD POMPANO BEACH, FL 33069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OSCAR, DIQUEZ 1120 S. POWERLINE RD POMPANO BCH, FL 33069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CABRERA, LUIS 1120 S. POWERLINE RD POMPANO BCH, FL 33069
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 exemption stated in Section 119.07(3)(i), 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:**  **2/22/05** **949734276**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #