


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

08 FEB 21 PM 4:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000013577
1. Entity Name
PRIDE & JOY ENTERPRISES, LLC



Principal Place of Business: 8626 SPINDLETOP DRIVE, ORLANDO, FL 32819 US
Mailing Address: 8626 SPINDLETOP DRIVE, ORLANDO, FL 32819 US

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



01162008 Chg-LLC CR2E083 (12/08)

4. FEI Number: 20-2309546
Applied For: Not Applicable:

5. Certificate of Status Desired: \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent
Name: ROBERT LOZANO
Street Address (P.O. Box Number is Not Acceptable): 8626 SPINDLETOP DRIVE
City: ORLANDO FL Zip Code: 32819

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: *Robert Lozano* DATE: 1/16/08
Signature, typed or printed name of registered agent, spouse if applicable. (NOTE: Registered Agent signature required when reinstating)

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

Make check payable to:
File of Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOZANO, ROBERT 8626 SPINDLETOP DRIVE ORLANDO, FL 32819	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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01/25/08-90084-044-#138.75

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: *Robert Lozano* DATE: 1/16/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #