


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000050803

1. Entity Name
EDUVAL, L.L.C.



Principal Place of Business 31 SE 5TH STREET, UNIT 915 MIAMI, FL 33131	Mailing Address 9737 NW 41ST STREET, #615 MIAMI, FL 33178
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04302007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 65-1258098	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**CABANAS & ASSOCIATES, P.A.
 10520 NW 26TH STREET, SUITE C201
 DORAL, FL 33172**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
 Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PEREZ, SELEIDA M 10556 NW 26TH STREET, SUITE D-101 DORAL, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PEREZ, EDUARDO C 10556 NW 26TH STREET, SUITE D-101 DORAL, FL 33172
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 05/24/07-80053-005 50.00

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: *Seleida Perez* **SELEIDA Perez** **04/30/07** **7865875509**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #