


FILED
Jun 14, 2007 8:00 am
Secretary of State

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04-25-2007 90130 001 *****5.00
 04-25-2007 90130 002 *****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000086637
 1. Entity Name
CONQUIST INVESTMENTS, LLC



Principal Place of Business
**4194 S.W. 189TH AVE.
 MIRAMAR, FL 33029**

Mailing Address
**4194 S.W. 189TH AVE.
 MIRAMAR, FL 33029**

30010783



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01142007 Chg-LLC CR2E083 (12/06)

City & State
 Zip Country

4. FEI Number
APPLIED FOR 20-3637659 Applied For
 Not Applicable

6. Name and Address of Current Registered Agent
**ROBERT M. HERMAN, P.A.
 8751 WEST BROWARD BLVD.
 SUITE 106
 PLANTATION, FL 33324**

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 re-registering) DATE _____

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGRM	DIAZ, FELIX M	32 SPARROW COURT	GLEN COVE, NY 11542	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Felix M. Diaz* / **FELIX M. DIAZ** +/17/07 516-225-0677
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #