


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000095324
 1. Entity Name
 CORRMAREZ LLC



FILED
Feb 26, 2007 08:00 AM
Secretary of State

Principal Place of Business
 2201 N COMMERCE PKWY
 WESTON, FL 33326

Mailing Address
 2201 N COMMERCE PKWY
 WESTON, FL 33326



02232007No Chg-LLC CR2E083 (11/05)

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4. FEI Number 20-3543692	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 CORREA, ALVARO
 2201 N COMMERCE PKWY
 WESTON, FL 33326

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CORREA, ALVARO 2201 N COMMERCE PKWY WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARTINEZ, RAFAEL 2201 N COMMERCE PKWY WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM REZK, JOSE 2201 N COMMERCE PKWY WESTON, FL 33326
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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: Alvaro Correa-Mor Date: 2-23-07 Daytime Phone #: 954-659-8901

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE