


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L05000114926
 1. Entity Name
 PROFESSIONAL MOLDINGS LLC



Principal Place of Business
 925 EAST ROSE STREET
 LAKE LAND, FL 33801

Mailing Address
 925 EAST ROSE STREET
 LAKE LAND, FL 33801

DO NOT WRITE IN THIS SPACE



07212007 No Chg-LLC CR2E083 (11/05)

4. FEI Number
 58-3826728 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

SANTIAGO, RICARDO
 925 EAST ROSE STREET
 LAKE LAND, FL 33801

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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 September 14, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SANTIAGO, RICARDO 5055 ASHBURY PARKE DRIVE #101 LAKE LAND, FL 33805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VALDIVIA, CESAR 1936 LEILA PLACE LAKE LAND, FL 33805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VALDIVIA, LEOSVANY 205 VILLAGE VIEW LANE LAKE LAND, FL 33809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Cesar Valdivia 7-23-07 (863) 683-8600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #