

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000087090

FILED
Apr 30, 2007
Secretary of State

Entity Name: K & T'S TEAM L.L.C.

Current Principal Place of Business:

13568 NW 9 STREET
PEMBROKE PINES, FL 33028 US

New Principal Place of Business:

4677 SW 134 AVENUE
MIRAMAR, FL 33027 US

Current Mailing Address:

13568 NW 9 STREET
PEMBROKE PINES, FL 33028 US

New Mailing Address:

4677 SW 134 AVENUE
MIRAMAR, FL 33027 US

FEI Number: 20-3592397

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARRERO, JOSE C
1820 NORTH CORPORATE LAKES BLVD
SUITE # 105
WESTON, FL 33326 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GARCIA, TATIANA
Address: 13568 NW 9 STREET
City-St-Zip: PEMBROKE PINES, FL 33028 US

Title: MGRM () Delete
Name: FONNEGRA, BEATRIZ
Address: 13568 NW 9 STREET
City-St-Zip: PEMBROKE PINES, FL 33326 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GARCIA, TATIANA
Address: 4677 SW 134 AVENUE
City-St-Zip: MIRAMAR, FL 33027 US

Title: MGRM (X) Change () Addition
Name: FONNEGRA, BEATRIZ
Address: 4677 SW 134 AVENUE
City-St-Zip: MIRAMAR, FL 33327 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: BEATRIZ FONNEGRA

MGRM

04/30/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date