
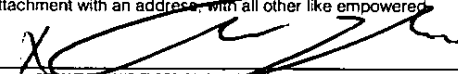


pg 1 of 3

2004 FOR PROFIT CORPORATION ANNUAL REPORT

| | | | |
|---|--|---|--|
| DOCUMENT # P02000003759 | |  | |
| 1. Entity Name LLERENA ENTERPRISES GROUP, INC. | | | |
| Principal Place of Business 17841 NW 54 AVE MIAMI, FL 33055 | | Mailing Address 17841 NW 54 AVE MIAMI, FL 33055 | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State CAROL CITY, FL 33055 | | City & State CAROL CITY, FL 33055 | |
| Zip 33055 | Country | Zip 33055 | Country |
| 6. Name and Address of Current Registered Agent LLERENA, AURELIA 17841 NW 54 AVE MIAMI, FL 33055 | | 7. Name and Address of New Registered Agent | |
| Name | | Name | |
| Street Address (P.O. Box Number is Not Acceptable) | | Street Address (P.O. Box Number is Not Acceptable) | |
| City | | City | |
| FL | | FL | |
| Zip Code | | 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| | | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD LLERENA, AURELIO 17841 NW 54 AVE MIAMI, FL 33055 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 300043537743 12/20/04--01069--021 **150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD LLERENA, ROMAN 18901 NW 47 CT MIAMI, FL 33055 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD LLERENA, MARTHA 17841 NW 54 AVE MIAMI, FL 33055 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition PR 1/26 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | |
| SIGNATURE:  | | Date: 1/7/04 Daytime Phone # | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>Date</small> | |

FILED
05 JAN 26 PM 2:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA


07122004 Chg-P CR2E034 (10/03)

4. FEI Number **68-0593732** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

Rosenbloom, Davis & Tolley, P.L.L.C.

Certified Public Accountants

9200 S. Dadeland Boulevard, Suite 412
Miami, Florida 33156
Office: (305) 670-1001 Fax: (305) 670-1888

97665 Overseas Highway
Key Largo, Florida 33037
Office: (305) 451-4000 Fax: (305) 451-9896

Website: rdtcpa.com

January 22, 2005

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Taxpayer: Llerena Enterprises Group, Inc.
Address: 17841 N.W. 54th Avenue
Carol City, FL 33055
Incorrect: 17841 N.W. 54th Avenue
Miami, FL 33055
Form: Corporate Reinstatement
Document #: P02000003759
F.I.N.: 68-0593732

THIRD REQUEST FOR REINSTATEMENT REQUEST FOR ABATEMENT OF REINSTATEMENT FEE

To Whom It May Concern:

Attached is a copy of your letter dated January 14, 2005, acknowledging receipt and acceptance of a check in the amount of \$150.00 from the above referenced taxpayer, Llerena Enterprises Group, Inc.

Your letter requests a balance due of \$750.00. However, you denied taxpayer's request for abatement and waiver of the \$600.00 reinstatement fee.

Again, please reconsider your decision.

Taxpayer is entitled to an abatement of the \$600.00 re-instatement fee for both of your stated reasons. First, the taxpayer did not receive its Annual Report. Second, the taxpayer was affected by the hurricanes.

Non-receipt of Annual Report

The Florida Secretary of State implemented a postcard program in 2004 that confused numerous entities with the filing of the Florida Annual Report. The officers of this

pg 3 of 3

Taxpayer speak English as a second language and do not read English well at all; their native language is Spanish.

In the case at hand, taxpayer utilized the services of an outside independent accountant that failed to file numerous tax and annual reports. He was replaced, and, did not cooperate with the taxpayer in the transition. We took over this account and received a box of files with past-due notices, receipts, deposits and non-current financials from the prior accountant. **The officers and employees did not receive the Annual Report that the prior accountant presumably downloaded.**

But for taxpayer's need to download these forms and being forced to rely upon an outside professional, the Florida Annual Report would have been timely filed. In past year, taxpayer's officers would have received the normal annual report, and, given a signed copy to its in-house bookkeeper to timely filing and payment. Your new postcard system forced this taxpayer to rely upon an outside professional that did not do his job. And, more importantly, **did not give the Annual Report to the taxpayer. This prior accountant, who was subsequently fired, convinced the taxpayer's Spanish speaking offices to sign a back-dated form to protect the prior accountant's malfeasance.**

As your system is set up, anyone can download any corporation's Annual Report. Your relief provisions provide for abatement if the report is not received by the taxpayer, as is the case in this instance.

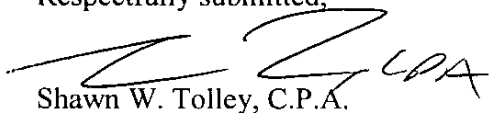
Hurricane Relief

The only asset of this corporation is located in St. Lucie county: Two hurricanes directly affected the property of this company. This taxpayer was adversely affected by both hurricanes. Its books and records were boxed up and stored during the two hurricanes. The offices were closed. The officers and employees of the taxpayer were forced to evacuate. And, more importantly, our firm was unable to obtain the books, records and boxes of past-due notices, filings and bills until after the hurricanes.

Again, please reconsider your denial of the request to abate the \$600.00 2004 For Profit Corporation Annual Report late filing penalty for this company.

Thank you for your attention to this matter.

Respectfully submitted,



Shawn W. Tolley, C.P.A.