

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000024284

1. Entity Name
BANKERS MEETINGS LLC



Principal Place of Business

**169 EAST FLAGLER ST.
SUITE 1534
MIAMI, FL 33131**

Mailing Address

**169 EAST FLAGLER ST.
SUITE 1534
MIAMI, FL 33131**



01302006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2293646

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**VIDAL, VICTOR L
701 SW 27 AVE., #606
MIAMI, FL 33135**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. **MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	HORACIO GIMENEZ ZAPIOLA
STREET ADDRESS	2828 SW 22 ST., #208
CITY-ST-ZIP	MIAMI, FL 33145
TITLE	MGR
NAME	IGNACIO GIMENEZ ZAPIOLA
STREET ADDRESS	2828 SW 22 ST., #208
CITY-ST-ZIP	MIAMI, FL 33145
TITLE	MGR
NAME	FERNANDO GIMENEZ ZAPIOLA
STREET ADDRESS	2828 SW 22 ST #208
CITY-ST-ZIP	MIAMI, FL 33145
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000447427
03/08/06-80055-023 50.00

**DO NOT WRITE
IN THIS SPACE**

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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

2/16/06
Date

Daytime Phone # _____