

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000013755

1. Entity Name
EXITOS Y TRIUNFOS, LLC



Principal Place of Business
**15923 BISCAYNE BLVD
 SUITE 212
 NORTH MIAMI, FL 33160**

Mailing Address
**15923 BISCAYNE BLVD
 SUITE 212
 NORTH MIAMI, FL 33160**



03012006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2474404	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

**PADRON, CARLOS E
 VILA, PADRON & DIAZ, P.A.
 2 ALHAMBRA PLAZA, STE 860
 CORAL GABLES, FL 33134**

**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**

U00000456147
 03/16/06-80016-021 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE: **MGR**
 NAME: **HANFLING, GUILLERMO**
 STREET ADDRESS: **15923 BISCAYNE BOULEVARD SUITE 212**
 CITY-ST-ZIP: **NORTH MIAMI BEACH, FL 33160**

TITLE NAME
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 CITY-ST-ZIP

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 CITY-ST-ZIP

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

DATE _____

DAYTIME PHONE # _____