

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000048200

FILED  
Apr 26, 2006  
Secretary of State

Entity Name: A-1 ANHERMA, LLC

**Current Principal Place of Business:**

15970 WEST STATE RD 84, UNIT 114  
SUNRISE, FL 33326

**New Principal Place of Business:**

**Current Mailing Address:**

15970 WEST STATE RD 84, UNIT 114  
SUNRISE, FL 33326

**New Mailing Address:**

FEI Number:                      FEI Number Applied For (X)                      FEI Number Not Applicable ( )                      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

BECERRA, ANDRES  
15970 WEST STATE RD 84, UNIT 114  
SUNRISE, 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: BECERRA, HERNANDO J  
Address: 15970 WEST STATE RD 84, UNIT 114  
City-St-Zip: SUNRISE, FL 33326

Title: MGRM ( ) Delete  
Name: BECERRA, ALICIA  
Address: 15970 WEST STATE RD 84, UNIT 114  
City-St-Zip: SUNRISE, FL 33326

Title: MGRM ( ) Delete  
Name: BECERRA, ANDRES  
Address: 15970 WEST STATE RD 84, UNIT 114  
City-St-Zip: SUNRISE, FL 33326

Title: MGRM ( ) Delete  
Name: BECERRA, HERNANDO JOSE JR  
Address: 15970 WEST STATE RD 84, UNIT 114  
City-St-Zip: SUNRISE, FL 33326

Title: MGRM (X) Delete  
Name: BECERRA, MARIA ISABEL  
Address: 15970 WEST STATE RD 84, UNIT 114  
City-St-Zip: SUNRISE, FL 33326

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR (X) Change ( ) Addition  
Name: ANHERMA CORP.,  
Address: 15970 WEST STATE RD 84, UNIT 114  
City-St-Zip: SUNRISE, FL 33326

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: HERNANDO J. BECERRA

MGR

04/26/2006

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