2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 14, 2007 8:00 am
Secretary of State
03-14-2007 90209 005 ****50.00

DOCUMENT # L00000012006

1. Entity Name
MIAMI SHORES ANTIQUES, LLC

Principal Place of Business	Mailing Address
~~1300 SW 122 AVE~~ ~~120~~ ~~MIAMI FL 33184~~	500 BAYVIEW DRIVE 1118 SUNNY ISLES FL 33160

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
14811 NW 88ave	500 Bay View Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc. 1118
City & State: Miami Lakes, FL.	City & State: Sunny Isles
Zip: 33018 Country: USA	Zip: 33160 Country: USA

1st MOORE CR2E083 (10/06)

4. FEI Number 65-1046689 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RODRIGUEZ, ROBERTO ~~1300 SW 122 AVE #120~~ MIAMI FL ~~33184~~ Change OF address only	Name: Roberto Rodriguez Street Address (P.O. Box Number is Not Acceptable): 14811 NW 88 ave. Miami Lakes City: Miami FL Zip Code: 33018

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 _____ 2/28/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM RODRIGUEZ, ROBERTO 1300 S.W. 122ND AVENUE APT. 120 MIAMI FL 33184-2883	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Rodriguez Roberto 14811 NW 88ave	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Miami Lakes. Florida, USA 33018.	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____ 2/28/07 786 287-3052
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #