2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 01, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000002647

1. Entity Name
AGUIAR ENTERPRISES LLC

Principal Place of Business	Mailing Address
16320 SW 89TH PL MIAMI, FL 33157	16320 SW 89TH PL MIAMI, FL 33157

01092004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1079578
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

AGUIAR, O. ARTURO
16320 SW 89 PLACE
MIAMI, FL 33167

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, 2004

000000072997
03/02/04-80017-018 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	AGUIAR, O. ARTURO
STREET ADDRESS	16320 SW 89 PLACE
CITY-ST-ZIP	MIAMI, FL 33167
TITLE	MGRM
NAME	AGUIAR, BETTY
STREET ADDRESS	16320 SW 89 AVENUE
CITY-ST-ZIP	MIAMI, FL 33167
TITLE	MGRM
NAME	AGUIAR, ALEX
STREET ADDRESS	16320 SW 89 AVENUE
CITY-ST-ZIP	MIAMI, FL 33167
TITLE	MGRM
NAME	AGUIAR, ANDRE
STREET ADDRESS	16320 SW 89 AVENUE
CITY-ST-ZIP	MIAMI, FL 33167
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

11. 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 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: X [signature] O. ARTURO AGUIAR MGRM X 2-26-04 X 305-790-7273
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #