

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L01000002647**

1. Entity Name  
**AGUIAR ENTERPRISES LLC**



Principal Place of Business

**16320 SW 89TH PL  
MIAMI, FL 33157**

Mailing Address

**16320 SW 89TH PL  
MIAMI, FL 33157**



01172005No 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, 2005**

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

000000304583  
04/14/05-80045-024 50.00

**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)(f), 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

**O. Arturo Aguiar**

**4/14/2005**

Date

**305-790-7273**

Daytime Phone #