


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90031 031 \*\*\*\*55.00


DOCUMENT # L01000010706		
1. Entity Name VIVA LA GUAYABERA!, LLC		

Principal Place of Business 1646 SW 8 STREET MIAMI, FL 33135	Mailing Address 1646 SW 8 STREET MIAMI, FL 33135
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2. Principal Place of Business 9820 N.W. 80 AVE Suite, Apt. #, etc. #6-L	3. Mailing Address 9820 NW. 80 AVE Suite, Apt. #, etc. #6-L
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City & State HALEAH GARDENS, FL	City & State HALEAH GARDENS, FL
Zip 33016	Country DADE
Zip 33016	Country DADE

**20038870**



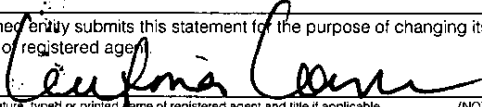
04132006 Chg-LLC CR2E083 (11/05)

4. FEI Number 52-2330880	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent VARELA, VICTORIA 1646 SW 8 STREET MIAMI, FL 33135	
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7. Name and Address of New Registered Agent Name VICTORIA VARELA Street Address (P.O. Box Number is Not Acceptable) 16 SANTILLANE AVE, #2 City CORAL GABLES FL Zip Code 33134	
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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  DATE 4-14-06

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

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VARELA, VICTORIA 16 SANTILLANE AVE, #2 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  VICTORIA VARELA, MGR. 786-382-4734

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date 4/14/06 Daytime Phone #