


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90349 035 ****50.00

DOCUMENT # L01000022243

1. Entity Name
CARLOS L. ABRAIRA, L.L.C.



| | |
|---|---|
| Principal Place of Business 7100 WEST 20TH AVE. SUITE 412 HIALEAH FL 33016 | Mailing Address 7100 WEST 20TH AVE. SUITE 412 HIALEAH FL 33016 |
|---|---|



MOORE CR2E083 (11/03)

| | |
|---|--|
| 2. Principal Place of Business 7850 N.W. 146 St, Suite, Apt. #, etc. Suite 511 | 3. Mailing Address P.O. BOX 160550 Suite, Apt. #, etc. |
|---|--|

| | | | |
|----------------------------------|------------------------------|-----------------------------|-------------------------------|
| City & State Miami Lakes, FL. | City & State Hialeah, FL. | 4. FEI Number 80-0020163 | Applied For Not Applicable |
| Zip 33016 | Country USA | Zip 33016 | Country USA |

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

- ABRAIRA, ANABELLE
- 7100 WEST 20TH AVE.
- SUITE 412 PALMETTO MED PLAZA
- HIALEAH FL 33016

7. Name and Address of New Registered Agent

Name: **Anabelle Abraira**

Street Address (P.O. Box Number is Not Acceptable):
8430 Glencairn Terrace

City: **Miami Lakes** FL Zip Code: **33016**

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: Anabelle Abraira Anabelle Abraira 2/2/04

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, 2004

9. MANAGING MEMBERS/MANAGERS

| | | |
|----------------|----------------------|--|
| TITLE | P | <input checked="" type="checkbox"/> Delete |
| NAME | ABRAIRA, CARLOS L | |
| STREET ADDRESS | 8430 GLENCAIRN TERR | |
| CITY-ST-ZIP | MIAMI LAKES FL 33016 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

10. ADDITIONS/CHANGES

| | | | |
|----------------|------------------------|--|-----------------------------------|
| TITLE | P | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | Dolores Abraira | | |
| STREET ADDRESS | 8430 Glencairn Terrace | | |
| CITY-ST-ZIP | Miami Lakes, FL. 33016 | | |
| TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |

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: [Signature] 02-09-2004 305-826-2513

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #