2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 12, 2008
Secretary of State

DOCUMENT# L02000002369

Entity Name: JOE & GABY ENTERPRISES, L.L.C.

Current Principal Place of Business:

30 SW 8 STREET
MIAMI, FL 33130

New Principal Place of Business:

Current Mailing Address:

30 SW 8 STREET
MIAMI, FL 33130

New Mailing Address:

FEI Number: 80-0036924 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CARUSO, MARCOS
5220 S UNIVERSITY DR
SUITE C-102
DAVIE, FL 33328 US

Name and Address of New Registered Agent:

SILVA'S ENTERPRISE, INC.
5220 S UNIVERSITY DR
SUITE C-102
DAVIE, FL 33328 US

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.

SIGNATURE: FERNANDO SILVA 05/12/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: PRIETO, JORGE
Address: 816 NW 11 STREET STE 910
City-St-Zip: MIAMI, FL 33136

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: PRIETO, JORGE
Address: 816 NW 11 ST # 301
City-St-Zip: MIAMI, FL 33136

Title: MGR ( ) Change (X) Addition
Name: CARUSO, MARCOS
Address: 816 NW 11 ST # 301
City-St-Zip: MIAMI, FL 33136

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MARCOS CARUSO MGR 05/12/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date