

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

**FILED
Oct 07, 2009
Secretary of State**

DOCUMENT# L02000010634

Entity Name: PRADA ENTERPRISES, L.L.C.

Current Principal Place of Business:

5725 N.W. 151 STREET
MIAMI LAKES, FL 33014

New Principal Place of Business:

Current Mailing Address:

5725 N.W. 151 STREET
MIAMI LAKES, FL 33014

New Mailing Address:

FEI Number: 20-2220671 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRADA, JOSE
5725 N.W. 151 STREET
MIAMI LAKES, FL 33014 US

Name and Address of New Registered Agent:

PRADA, JAIME
5725 N.W. 151 STREET
MIAMI LAKES, FL 33014 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: JAIME PRADA 10/07/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: PRADA, JAIME
Address: 5725 N.W. 151 STREET
City-St-Zip: MIAMI LAKES, FL 33014

Title: VP () Delete
Name: PRADA, JOSE
Address: 5725 N.W. 151 STREET
City-St-Zip: MIAMI LAKES, FL 33014

Title: T (X) Delete
Name: WATSON, MARIA
Address: 5725 N.W. 151 STREET
City-St-Zip: MIAMI LAKES, FL 33014

Title: S (X) Delete
Name: PRADA, ALVARO
Address: 5725 N.W. 151 STREET
City-St-Zip: MIAMI LAKES, FL 33014

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: PRADA, MARIA
Address: 5725 N.W. 151 STREET
City-St-Zip: MIAMI LAKES, FL 33014

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JAIME PRADA P 10/07/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date