


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # L02000017178 1. Entity Name ALVAREZ & ROJAS CPAS, LLC	
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Principal Place of Business 1985 NW 88 COURT, STE 201 MIAMI, FL 33172	Mailing Address 1985 NW 88 COURT, STE 201 MIAMI, FL 33172
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04292008No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3702039	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent ALVAREZ & ASSOCIATES CPA'S, PA 1985 NW 88 COURT, STE 201 MIAMI, FL 33172

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

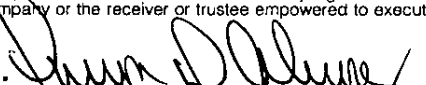
FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U00000936506
05/27/08-80014-005 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALVAREZ & ASSOCIATES CPA'S, P.A. 1985 NW 88 COURT, SUITE 201 MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROJAS, A.M. P.A. 1985 NW 88 COURT, STE 201 MIAMI, FL 33172
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**DO NOT WRITE
IN THIS SPACE**

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:  **VIVIAN D. ALVAREZ** **4/28/08** **305-471-8429**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #