## **2005 LIMITED LIABILITY COMPANY**

## **ANNUAL REPORT**

DOCUMENT # LO2000027158

1. Entity Name

BAZUA ENTERPRISES OF BROWARD COUNTY, L.L.C.



Mailing Address

DO NOT WRITE IN THIS SPACE

1700 N. DIXIE HIGHWAY, SUITE 123 BOCA RATON, FL 33432

Principal Place of Business

1700 N. DIXIE HIGHWAY, SUITE 123 BOCA RATON, FL 33432

## **FILED** Apr 29, 2005 08:00 AM Secretary of State



04192005 No Chg-LLC

4 FEI Number 13-4221684

Applied Far Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GATSOS, ELAINE M 1499 WEST PALMETTO PARK ROAD, SUITE 210 BOCA RATON, FL

## DO NOT WRITE IN THIS SPACE

the obligat	ions of registered agent		
SIGNATURE.	Signature, lybed of printed riems of registered agent and title if applicable	(NOTE Registered Agent signature required when reinstating)  DATE	<del></del> _
Fi	lling Fee is \$50.00 ue by May 1, 2005		. ,
9.	MANAGING MEMBERS/MANAGERS		· · · · · · · · · · · · · · · · · · ·
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BAZUA, MARIA E 1700 N. DIXIE HIGHWAY, SUITE 123 BOCA RATON, FL 33432		the second of th
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BAZUA, FELIPE DE J 1700 N. DIXIE HIGHWAY, SUITE 123 BOCA RATON, FL 33432	U00000341369 04729705-80013-014 S	0.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE	<del></del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			277 <del>277 277 27</del>
TITLE NAME			

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

11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f). Florida Statutes 1 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 1 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



CITY-ST-ZIP



RINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE