

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90202 016 ****50.00

DOCUMENT # L02000030339	
1. Entity Name ENMACA, LLC	

Principal Place of Business 4630 S.W. 153 PLACE MIAMI FL 33185 US	Mailing Address 4630 S.W. 153 PLACE MIAMI FL 33185 US
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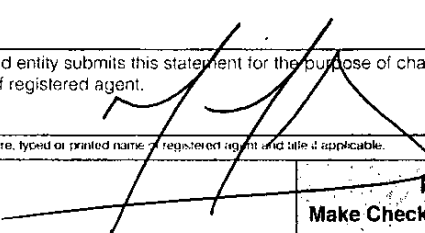


2. Principal Place of Business 10181 NW 58 Street	3. Mailing Address 10181 NW 58 Street
Suite, Apt. #, etc. Unit 12	Suite, Apt. #, etc. Unit 12
City & State DORAL FL	City & State DORAL FL
Zip 33178	Zip 33178
Country	Country

1st MOORE CR2E083 (10/05)

4. FEI Number 38-3674002	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent VALLEJO, MAURICIO 4630 S.W. 153 PLACE MIAMI FL 33185	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 10181 NW 58 Street, Unit 12 City DORAL FL Zip Code 33178	

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.

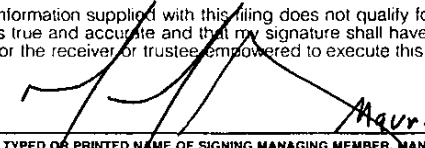
SIGNATURE  **Mauricio Vallejo** DATE **02/27/06**

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VALLEJO, MAURICIO 10181 NORTHWEST 58 STREET #12 MIAMI FL 33178 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **Mauricio Vallejo** DATE **02/27/06** 305-629-8960

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE