2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2007
Secretary of State

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Entity Name: VILDOSOLA, CADENAS & ASSOCIATES, P.L.

Current Principal Place of Business:

8725 NW 18TH TERRACE, SUITE 211-B
MIAMI, FL 33172

New Principal Place of Business:

Current Mailing Address:

8725 NW 18TH TERRACE, SUITE 211-B
MIAMI, FL 33172

New Mailing Address:

FEI Number: 65-1164871 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VILDOSOLA, FRANK
9000 SHERIDAN STREET, SUITE 92
PEMBROKE PINES, FL 33024 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGR	( ) Delete
Name:	FRANK VILDOSOLA, CPA, , P.A.	
Address:	2319 NW 187TH AVENUE	
City-St-Zip:	PEMBROKE PINES, FL 33029	
Title:	MGR	( ) Delete
Name:	ERNESTO DE LA HOZ C, PA PA	
Address:	430 WEST 56TH STREET	
City-St-Zip:	HIALEAH, FL 33012	
Title:	MGR	( ) Delete
Name:	EDUARDO CADENAS, CPA, , P.A.	
Address:	8725 NW 18TH TERRACE SUITE 211B	
City-St-Zip:	MIAMI, FL 33172	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: FRANK VILDOSOLA MGR 04/25/2007

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