


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 07, 2005 8:00 am**  
**Secretary of State**

03-07-2005 90061 017 \*\*\*\*50.00

**DOCUMENT # L02000034230**

1. Entity Name  
**MORALES SAND & SOIL, LLC**



Principal Place of Business  
~~5800 SW 177TH AVENUE STE. 108~~  
**MIAMI, FL 33193**

Mailing Address  
~~5800 SW 177TH AVENUE STE. 108~~  
**MIAMI, FL 33193**

**20018834**

2. Principal Place of Business  
**N628 SW 63 Terr**  
 Suite, Apt. #, etc.

3. Mailing Address  
**N628 SW 63 Terr**  
 Suite, Apt. #, etc.



02142005 Chg-LLC CR2E083 (10/03)

City & State  
**Miami, FL**

City & State  
**Miami, FL**

Zip  
**33193** Country  
**USA**

Zip  
**33193** Country  
**USA**

4. FEI Number  
**43-1988798**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**MORALES, ARMANDO**  
~~5800 SW 177TH AVENUE STE. 108~~  
**MIAMI, FL 33193**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
**N628 SW 63 Terr**

City  
**Miami** FL Zip Code  
**33193**

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  **Armando Morales - Member** **2/21/05**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00 Due by May 1, 2005**

**Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <b>Armando</b> <b>MORALES, ARMANDO</b> <del>45228 SW 63 TERR</del> <b>MIAMI, FL 33193</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>N628 SW 63 Terr</b> <b>Miami, FL 33193</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>member-manager</b> <b>MIRTA GIL</b> <b>N628 SW 63 Terr</b> <b>Miami, FL 33193</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:  **Armando Morales Member** **2/21/05** **305-3825248**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #