

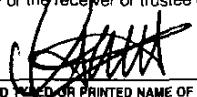


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90095 049 ****55.00

DOCUMENT # L03000000770 1. Entity Name DELGADO BROTHERS INVESTMENTS, LLC					
Principal Place of Business 7950 NW 155 STREET STE. 104 MIAMI LAKES, FL 33016			Mailing Address 7950 NW 155 STREET STE. 104 MIAMI LAKES, FL 33016		
2. Principal Place of Business 6450 W 21 COURT Suite, Apt. #, etc. # 301		3. Mailing Address 6450 W 21 COURT Suite, Apt. #, etc. # 301			
City & State Hialeah, Florida		City & State Hialeah, Florida		4. FEI Number 27-0041329	
Zip 33016		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required.	
6. Name and Address of Current Registered Agent DELGADO, OSCAR J 7950 NW 155 STREET STE. 104 MIAMI LAKES, FL 33016				7. Name and Address of New Registered Agent Name: Delgado, Oscar J Street Address (P.O. Box Number is Not Acceptable): 6450 W 21 COURT Suite 301 City: Hialeah FL Zip Code: 33016	
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 _____ (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			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DELGADO, OSCAR J 7950 NW 155 STREET STE. 104 MIAMI LAKES, FL 33016	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Delgado, Oscar J 6450 W 21 COURT # 301 Hialeah, FL 33016	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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)(i), 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:  Oscar J. Delgado 4/20/05 (305) 828-4070 <small>SIGNATURE AND NAME OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					