


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90368 010 \*\*\*\*55.00

<b>DOCUMENT # L03000000770</b> 1. Entity Name <b>DELGADO BROTHERS INVESTMENTS, LLC</b>					
Principal Place of Business <b>6450 W 21 CT #301 HIALEAH, FL 33016</b>			Mailing Address <b>6450 W 21 CT #301 HIALEAH, FL 33016</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
03222007 Chg-LLC CR2E083 (12/06)			4. FEI Number <b>27-0041329</b>		
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>			Applied For <input type="checkbox"/> Not Applicable		
<b>6. Name and Address of Current Registered Agent</b>  <b>DELGADO, OSCAR J 6450 W 21 CT HIALEAH, FL 33016</b>			<b>7. Name and Address of New Registered Agent</b> Name <u>Oscar J. Delgado</u> Street Address (P.O. Box Number is Not Acceptable) <u>116719 SW 54 Ct.</u> City <u>Miramar</u> <b>FL</b> Zip Code <u>33027</u>		
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 <u>[Signature]</u> (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DELGADO, OSCAR J 6450 W 21 CT, #301 HIALEAH, FL 33016	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Delgado, Oscar J 15476 NW 77 COURT #707 Miami Lakes, 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
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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 exemptions contained in Chapter 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.					
<b>SIGNATURE:</b> <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					