

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000001264

FILED
Jan 12, 2004
Secretary of State

Entity Name: PADRON ENTERPRISES, LLC

Current Principal Place of Business:

2333 PONCE DE LEON BLVD STE. 308
CORAL GABLES, FL 33134

New Principal Place of Business:

126 ARAGON AVENUE
CORAL GABLES, FL 33134

Current Mailing Address:

2333 PONCE DE LEON BLVD STE. 308
CORAL GABLES, FL 33134

New Mailing Address:

126 ARAGON AVENUE
CORAL GABLES, FL 33134

FEI Number: 33-1045918

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PADRON, LEONARDO
2333 PONCE DE LEON BLVD STE. 308
CORAL GABLES, FL 33134

Name and Address of New Registered Agent:

PADRON, LEONARDO
126 ARAGON AVENUE
CORAL GABLES, FL 33134

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: LEONARDO PADRON

01/12/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: LEONARDO, PADRON PRES
Address: 126 ARAGON AVENUE
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM () Change (X) Addition
Name: JUDITH, PADRON VP
Address: 126 ARAGON AVENUE
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LEONARDO PADRON

PRES

01/12/2004

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