

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90260 001 \*\*\*\*50.00

**DOCUMENT # L03000003331**

1. Entity Name  
**21 INVESTMENTS, LLC**



Principal Place of Business  
**223 E. FLAGLER STREET  
SUITE 502  
MIAMI, FL 33131**

Mailing Address  
**223 E. FLAGLER STREET  
SUITE 502  
MIAMI, FL 33131**

**60048250**



01192007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**38-3672617**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**BRAZ, MARIO M MANAGER  
8855 COLLINS AVENUE  
APT 907  
SURFSIDE, FL 33154**

**DO NOT WRITE  
IN THIS SPACE**

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

*[Signature]*

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, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	BRAZ, MARIO M
STREET ADDRESS	8855 COLLINS AVENUE APT 907
CITY-ST-ZIP	SURFSIDE, FL 33154
TITLE	MGR
NAME	BRAZ, ALICE T
STREET ADDRESS	8855 COLLINS AVENUE APT 907
CITY-ST-ZIP	SURFSIDE, FL 33154
TITLE	MGR
NAME	BRAZ, MARIO M
STREET ADDRESS	223 E. FLAGLER STREET #502
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	MGR
NAME	EVER TRADING COMPANY
STREET ADDRESS	223 E. FLAGLER STREET, SUITE 502
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	MGR
NAME	PRIMO, ANTONIO M
STREET ADDRESS	223 E. FLAGLER STREET
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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.

**SIGNATURE:**

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #