


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
May 02, 2008 08:00 AM
Secretary of State

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
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DO NOT WRITE IN THIS SPACE



01212008 No Chg-LLC CR2E083 (12/07)


4. FEI Number 38-3672617	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

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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: 04/27/08

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75


9. MANAGING MEMBERS/MANAGERS

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

U00000942750
 05/29/08-80032-018 138.75

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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:  DATE: 04/27/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #