2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000004703

1. Entity Name
ALLIANCES & INVESTMENT, LLC

Principal Place of Business	Mailing Address
9100 S DADELAND BLVD SUITE 912 MIAMI, FL 33156	9100 S DADELAND BLVD SUITE 912 MIAMI, FL 33156

DO NOT WRITE IN THIS SPACE

01252008No Chg-LLC CR2E083 (12/07)

4. FEI Number
03-0508971

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

PIEDRA, AURELIO A
9100 S DADELAND BLVD
SUITE 912
MIAMI, FL 33156

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 _____ 1-25-08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	ALONSO, HORACIO
STREET ADDRESS	9100 S DADELAND BLVD #912
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	MGR
NAME	KANESIC, MONICA G
STREET ADDRESS	9100 S DADELAND BLVD #912
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/04/08-80002-018 143.75

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11. I hereby certify that the information indicated 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 person(s) authorized to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE: X _____ 1-25-08 (305) 671-0003
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #