

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000006996

FILED
Apr 26, 2006
Secretary of State

Entity Name: GUERON ENTERPRISES, LLC

Current Principal Place of Business:

450 N. PARK RD
HOLLYWOOD, FL 33021 US

New Principal Place of Business:

450 N. PARK RD
501
HOLLYWOOD, FL 33021 US

Current Mailing Address:

450 N. PARK RD
HOLLYWOOD, FL 33021 US

New Mailing Address:

POBOX 800806
MIAMI, FL 33280 US

FEI Number: 51-0450531

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GUERON, MARC
450 N. PARK RD
HOLLYWOOD, FL 33021 US

Name and Address of New Registered Agent:

GUERON, MARC
450 N. PARK RD
501
HOLLYWOOD, FL 33021 US

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:

04/26/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GUERON, MARC
Address: 450 N. PARK RD
City-St-Zip: HOLLYWOOD, FL 33021 US

Title: MGRM () Delete
Name: GUERON, NAVA
Address: 450 N. PARK RD
City-St-Zip: HOLLOYWOOD, FL 33021 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GUERON, MARC
Address: 450 N. PARK RD, STE 501
City-St-Zip: HOLLYWOOD, FL 33021 US

Title: MGRM (X) Change () Addition
Name: GUERON, NAVA
Address: 450 N. PARK RD, STE 501
City-St-Zip: HOLLOYWOOD, FL 33021 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: MARC GUERON

MGRM

04/26/2006

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