

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000014269

Entity Name: ADBA INVESTMENTS, LLC

FILED
May 04, 2009
Secretary of State

Current Principal Place of Business:

451 SW 87 CT.
MIAMI, FL 33174

New Principal Place of Business:

7238 S.W. 54 AVE.
MIAMI, FL 33143

Current Mailing Address:

451 SW 87 CT.
MIAMI, FL 33174

New Mailing Address:

7238 S.W. 54 AVE.
MIAMI, FL 33143

FEI Number: 35-2204038 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

GARCIA, YOLANDA
3345 N.W. 74TH AVE
MIAMI, FL 33122 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ENRIQUEZ, LUIS
Address: 451 SW 87TH CT
City-St-Zip: MIAMI, FL 33174

Title: MGRM () Delete
Name: GARCIA, YOLANDA
Address: 451 S.W. 87TH COURT
City-St-Zip: MIAMI, FL 33174

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ENRIQUEZ, LUIS
Address: 7238 S.W. 54 AVE.
City-St-Zip: MIAMI, FL 33143

Title: MGRM (X) Change () Addition
Name: GARCIA, YOLANDA
Address: 7238 S.W. 54 AVE.
City-St-Zip: MIAMI, FL 33143

I hereby certify that the information supplied with this filing does not qualify 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: YOLANDA GARCIA

MGRM

05/04/2009

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