Feb 14, Secr			
1st MOORE	CR2E08	3 (10/04)	
^{imber} 56-2386367		\ 	plied For ot Applicable
cate of Status Desired		\$5.00 Add	litional
and Address of New Re	gistered		
mber is Not Acceptable)			
	FL	Zip Cod	 -
both, in the State of Flori	da. I am	familiar with,	and accept
*			
) — — — — — — — — — — — — — — — — — — —	DATE		
ADDITIONS/C	HANGES		
Unnooo229 02/14/05-800	533	□ Change □ SO NO	Addition
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2005	LIMITED LIABILITY	COMPANY
,	ANNUAL REPORT	(AR)

		IL VIII (AII)	·			2005 00	00 4 3
DOCUMENT # L03000016756 1. Entity Name				Feb 14, 2005 08:00 Al Secretary of State			
SOFIA'S	INVESTMENTS, L.L.C.	· · · · · · · · · · · · · · · · · · ·					
Principal Pla	ce of Business	Mailing Address	···				
4020 EAST 10 COURT 4020 EAST 10 COURT HIALEAH FL 33013 HIALEAH FL 33013							
Principal Place of Business 3. Mailing Address							
Suite, Apt. #, etc Suite, Apt. #, e		Suite, Apt. #, etc.			1st MOORE	CR2E083 (10/04)	
City & Sta	te	City & State	City & State		56-2386367	' \- 	pplied For ot Applicable
Zip	Country	Zip	Country	5. Certifica	ate of Status Desired	S5.00 Ad Fee Require	
	6. Name and Address of Currer	nt Registered Agent	Name	7. Name a	nd Address of New Re	egistered Agent	
TRL	JJILLO, VIVIAN						<u></u>
402	0 EAST 10 COURT LEAH FL 33013		Street Addre	Street Address (P. O. Box Number is Not Acceptable)			
			City	<u></u>		Zip Coo	de
	a named entity submits this statement	for the purpose of changing its		istered agent, or i	ooth, in the State of Flor	<u> </u>	
•	tions of registered agent.	<u>.</u>					
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable (NOTE	: Registered Agent signature req	juited when reinstaling)		DATE	
•		FILE NO	W!!! FEE IS \$50.0	00			
		Make Check Payable Due	e to Florida Departi By May 1, 2005	ment of State	_		
9,	_MANAGING MEME	BERS/MANAGERS	10.	CONTRACTOR OF TAXABLE	ADDITIONS/	CHANGES	
TITLE	MGR	☐ Defele	DILÉ			☐ Change	Addition
NAME STREET ADDRESS	TRUJILLO, VIVIĀN 14020 EAST 10 COURT		NAME STREET ADDRESS		Monumose	けだささ	
CITY ST-ZIP	HIALEAH FL 33013		GITY-ST ZIP		02/14/05-800	3533 380-020 50.00	·
TITLE	MGR ,	☐ Delete	THE			Change	☐ Addition
NAME STREET ADDRESS	TRUJILLO, RAUL 4020 EAST 10 COURT		NAME STHEFT ADDRESS				
CITY-ST-ZIP	HIALEAH FL 33013	and the second	CHY-ST-ZIP				
DILLE		☐ Delete	TITLE			☐ Change	Addition Addition
NAME Street Address			NAME STREET ADDRESS				
CITY-ST-ZIP		<u> </u>	CITY-ST-ZIP				
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mu		☐ Delete	TOLE ·			☐ Change	☐ Addition
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ILLE		☐ Delete	iria		<u>, , , , , , , , , , , , , , , , , , , </u>	Change	Addition
NAME			NAME			. <u> </u>	
STREET ADDRESS (STPEFT ADDRESS CITY-ST-ZIP				
uttrateZir			GITT-ST-AIP		<u> </u>		

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 employment to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Ciciay Studies.

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