

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Mar 01, 2007 08:00 AM  
Secretary of State

DOCUMENT # L03000019049

1. Entity Name  
BST INVESTMENTS L.L.C.



Principal Place of Business  
2150 NW 19TH AVE.  
MIAMI, FL 33142

Mailing Address  
2150 NW 19TH AVE.  
MIAMI, FL 33142



02062007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number  
37-1467451

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BAGDADI, ALBERTO  
2150 NW 19TH AVE.  
MIAMI, FL 33142

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE

Filing Fee is \$50.00  
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
BAGDADI, ALBERTO  
2150 NW 19TH AVE.  
MIAMI, FL 33142

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
BAGDADI, REBECA  
2150 NW 19TH AVE.  
MIAMI, FL 33142

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
BAGDADI, SALOMON  
2150 NW 19TH AVE.  
MIAMI, FL 33142

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
BAGDADI, TOFFY  
2150 NW 19TH AVE.  
MIAMI, FL 33142

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000652671  
03/12/07-80027-017 55.00

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IN THIS SPACE

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

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

X 2-26-07

Date

X 305-326-6757

Daytime Phone #