2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # L03000019515

1. Entity Name GILUFA, LLC

FILED
Apr 13, 2007 08:00 AM
Secretary of State

Principal Place of Business

Mailing Address

15533 SW 115 ST MIAMI, FL 33196 15533 SW 115 ST MIAMI, FL 33196



04022007 No Chg-LLC

CR2E083 (11/05)

4.	FEI Number 61-1450719			Applied For
	01-14007 19			Not Applicable
	Carificate of Status Denised	\$5.0	00	Additional

5. Cermicale of

Fee Required

6. Name and Address of Current Registered Agent

RAMIREZ, GIL 15533 SW 115 ST MIAMI, FL 33196

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	named entity submits this statement for the purpose of char ions of registered agent.	nging its registered office or registered agent, or bot	h, in the State of Florida. Tam familiar with, and accept ,
SIGNATURE.	Signature, typed or printed nema of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
F	iling Fee is \$50.00 ue by May 1, 2007		
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBERS/MANAGERS MGR RAMIREZ, GIL 15533 SW 115 ST MIAMI, FL 33196 MGR GOMEZ, FABIO 15533 SW 115 ST MIAMI, FL 33196		U00000704882 04/23/07-80028-025 50.08
TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP	THIRDIT, PE 30130		NOT WRITE THIS SPACE
TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP			

11. I hereby certify that the information supplied with this filling 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.