

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 10, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000025675

1. Entity Name
CORDI ENTERPRISES, LLC



Principal Place of Business

**5750 NW 114 ST.
HIALEAH, FL 33012**

Mailing Address

**5750 NW 114 ST.
HIALEAH, FL 33012**



02072006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3777970

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LEAL, JENNIFER D
9450 SUNSE DR #201-A
MIAMI, FL 33173**

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	CORDERO, DENNIS
STREET ADDRESS	5750 NW 114 ST.
CITY-ST-ZIP	HIALEAH, FL 33012
TITLE	MGRM
NAME	LIMA, ALEJANDRO
STREET ADDRESS	5750 NW 114TH STREET
CITY-ST-ZIP	HIALEAH, FL 33012
TITLE	MGRM
NAME	LIMA, MAYDELL
STREET ADDRESS	5750 NW 114 ST.
CITY-ST-ZIP	HIALEAH, FL 33012

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02/22/06-80026-024 50.00

**DO NOT WRITE
IN THIS SPACE**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Dennis Cordero*

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

2-7-06

DATE

986 356 2963

Daytime Phone #