

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000025675

FILED
Jun 05, 2007
Secretary of State

Entity Name: CORDI ENTERPRISES, LLC

Current Principal Place of Business:

5750 NW 114 ST.
HIALEAH, FL 33012

New Principal Place of Business:

Current Mailing Address:

5750 NW 114 ST.
HIALEAH, FL 33012

New Mailing Address:

FEI Number: 04-3777970 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:

LEAL, JENNIFER D
9450 SUNSE DR #201-A
MIAMI, FL 33173 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: CORDERO, DENNIS
Address: 5750 NW 114 ST.
City-St-Zip: HIALEAH, FL 33012

Title: MGRM () Delete
Name: LIMA, ALEJANDRO
Address: 5750 NW 114TH STREET
City-St-Zip: HIALEAH, FL 33012

Title: MGRM () Delete
Name: LIMA, MAYDELL
Address: 5750 NW 114 ST.
City-St-Zip: HIALEAH, FL 33012

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DENNIS CORDERO

MGRM

06/05/2007

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