

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000028595

Entity Name: A M A ENTERPRISES LLC

FILED  
Apr 30, 2007  
Secretary of State

**Current Principal Place of Business:**

7051 SW 182ND. WAY  
SUITE M1  
FT. LAUDERDALE, FL 33331

**New Principal Place of Business:**

**Current Mailing Address:**

12360 SW 122 ST.  
SUITE 313  
MIAMI, FL 33186

**New Mailing Address:**

13901 SW 279TH. LN.  
SUITE 313  
MIAMI, FL 33032

FEI Number: 81-0626296

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ORTIZ, RICO  
12360 SW 122 ST.  
SUITE 313  
MIAMI, FL 33186 US

**Name and Address of New Registered Agent:**

ORTIZ, RICO  
13901 SW 279TH. LN.  
SUITE 313  
MIAMI, FL 33032 US

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: RICO ORTIZ

04/30/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MARTINEZ, ALEJANDRO  
Address: 7051 SW 182ND WAY  
City-St-Zip: FT. LAUDERDALE, FL 33331

Title: MGR ( ) Delete  
Name: MARTINEZ, NATALIA  
Address: 7051 SW 182ND WAY  
City-St-Zip: FT. LAUDERDALE, FL 33331

**ADDITIONS/CHANGES:**

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: ALEJANDRO MARTINEZ

MGRM

04/30/2007

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