

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 22, 2008 8:00 am
Secretary of State

02-22-2008 90040 010 ***138.75

DOCUMENT # L03000029128					
1. Entity Name ALJAREZ, LLC					
Principal Place of Business 15060 SW 132 AVENUE MIAMI, FL 33186			Mailing Address 2500 E. HALLANDALE BEACH BLVD. 707 F HALLANDALE, FL 33089		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 15060 SW 132 AVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State MIAMI, FL		4. FEI Number 14-1891829	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
33186		33186		02192008 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent ROTHMAN, RAQUEL 2500 E. HALLANDALE BEACH BLVD. 707 F HALLANDALE, FL 33089			7. Name and Address of New Registered Agent Name: AMANDA ROTHMAN Street Address (P.O. Box Number is Not Acceptable): 15060 SW 132 AVE City: MIAMI FL Zip Code: 33186		
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: <i>Amanda Rothman</i> (NOTE: Registered Agent signature required when reinstating) DATE: 2-18-08					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE: MGRM NAME: DAVID ROTHMAN LIVING TRUST, TRUSTEE STREET ADDRESS: 15060 SW 132 AVENUE CITY-ST-ZIP: MIAMI, FL 33186	<input checked="" type="checkbox"/> Delete		TITLE: MGRM NAME: AMANDA ROTHMAN STREET ADDRESS: 15060 SW 132 AVE CITY-ST-ZIP: MIAMI, FL 33186	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete		TITLE: MGRM NAME: JOSE LUIS ROTHMAN STREET ADDRESS: 15060 SW 132 AVE CITY-ST-ZIP: MIAMI, FL 33186	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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.

X Amanda Rothman