
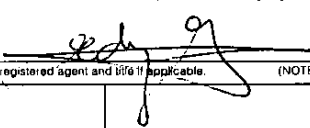
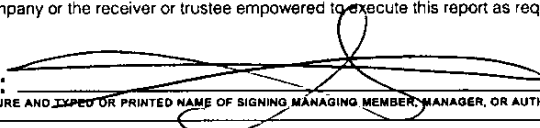


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 21, 2006 8:00 am**  
**Secretary of State**

07-21-2006 90084 011 \*\*\*\*50.00

|  |                                 |                                 |  |   |  |
|--|---------------------------------|---------------------------------|--|---|--|
| <b>DOCUMENT # L03000037557</b><br>1. Entity Name<br><b>GUERRA BROS.LLC</b>   |                                 |                                 |  |  |  |
| Principal Place of Business<br><b>4011 WEST FLAGLER STREET</b><br><b>505</b><br><b>MIAMI, FL 33134</b>   |                                 |                                 | Mailing Address<br><b>4011 WEST FLAGLER STREET</b><br><b>505</b><br><b>MIAMI, FL 33134</b>   |   |  |
| 2. Principal Place of Business   |                                 | 3. Mailing Address              |  |   |  |
| Suite, Apt. #, etc.  |                                 | Suite, Apt. #, etc.             |  |   |  |
| City & State   |                                 | City & State                    |  |   |  |
| Zip  | Country                         | Zip                             | Country  | 4. FEI Number<br><b>NOT APPLICABLE</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |                                 |                                 |  | <b>\$5.00 Additional Fee Required</b>   |  |
| 6. Name and Address of Current Registered Agent  |                                 |                                 | 7. Name and Address of New Registered Agent  |   |  |
| <b>GUERRA, EDY A</b><br><b>145 DEER RUN</b><br><b>MIAMI SPRINGS, FL 33166</b>  |                                 |                                 | Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |   |  |
| 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  <span style="float: right;">7/5/06</span><br><small>Signature, typed or printed name of registered agent and life if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |                                 |                                 |  |   |  |
| <b>Filing Fee is \$50.00</b><br><b>Due by September 6, 2006</b>  |                                 |                                 | <b>Make check payable to</b><br><b>Florida Department of State</b>   |   |  |
| 9. MANAGING MEMBERS/MANAGERS   |                                 |                                 | 10. ADDITIONS/CHANGES  |   |  |
| TITLE  | MGR                             | <input type="checkbox"/> Delete | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME   | <b>GUERRA, EDY A</b>            |                                 | NAME   |   |  |
| STREET ADDRESS   | <b>145 DEER RUN</b>             |                                 | STREET ADDRESS   |   |  |
| CITY-ST-ZIP  | <b>MIAMI SPRINGS, FL 33166</b>  |                                 | CITY-ST-ZIP  |   |  |
| TITLE  | <input type="checkbox"/> Delete |                                 | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME   |                                 |                                 | NAME   |   |  |
| STREET ADDRESS   |                                 |                                 | STREET ADDRESS   |   |  |
| CITY-ST-ZIP  |                                 |                                 | CITY-ST-ZIP  |   |  |
| TITLE  | <input type="checkbox"/> Delete |                                 | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME   |                                 |                                 | NAME   |   |  |
| STREET ADDRESS   |                                 |                                 | STREET ADDRESS   |   |  |
| CITY-ST-ZIP  |                                 |                                 | CITY-ST-ZIP  |   |  |
| TITLE  | <input type="checkbox"/> Delete |                                 | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME   |                                 |                                 | NAME   |   |  |
| STREET ADDRESS   |                                 |                                 | STREET ADDRESS   |   |  |
| CITY-ST-ZIP  |                                 |                                 | CITY-ST-ZIP  |   |  |
| TITLE  | <input type="checkbox"/> Delete |                                 | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME   |                                 |                                 | NAME   |   |  |
| STREET ADDRESS   |                                 |                                 | STREET ADDRESS   |   |  |
| CITY-ST-ZIP  |                                 |                                 | 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:  <span style="float: right;">7/5/06</span><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>   |                                 |                                 |  |   |  |