2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L03000039412

1. Entity Name
MINHO INVESTMENTS, LLC

FILED
May 04, 2005 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
10737 SW 104 STREET MIAMI, FL 33176 US	10737 SW 104 STREET MIAMI, FL 33176 US

DO NOT WRITE IN THIS SPACE

04282005No Chg-LLC   CR2E083 (10/03)

4. FEI Number		Applied For
33-1072298		Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

RAFAEL J. FERNANDEZ, CPA, PA
10737 SW 104 STRET
MIAMI, FL 33176

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, 2005

9.	MANAGING MEMBERS/MANAGERS	
TITLE	MGRM	
NAME	PEDREIRA, MANUEL S	
STREET ADDRESS	15050 EGAN LANE	
CITY-ST-ZIP	MIAMI LAKES, FL 33014	U00000361758
TITLE	MGRM	05/05/05-80090-003 50.00
NAME	PEDREIRA, ANTONIA S	
STREET ADDRESS	15050 EGAN LANE	
CITY-ST-ZIP	MIAMI LAKES, FL 33014	
TITLE	MGRM	
NAME	PEDREIRA, JENNIFER	
STREET ADDRESS	15050 EGAN LANE	
CITY-ST-ZIP	MIAMI LAKES, FL 33014	
TITLE	MGRM	**DO NOT WRITE**
NAME	FERNANDEZ, ROXANNA	**IN THIS SPACE**
STREET ADDRESS	10737 SW 104 STREET	
CITY-ST-ZIP	MIAMI, FL 33176	
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 exemption stated in Section 119.07(3)(i), 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: _____   04/28/05   305 596-9026

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #