

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90305 007 ****50.00

DOCUMENT # L03000049436
 1. Entity Name
 G.V. SUPREME POLISH, LLC



Principal Place of Business
 18940 NW 22ND STREET
 PEMBROKE PINES, FL 33029

Mailing Address
 18940 NW 22ND STREET
 PEMBROKE PINES, FL 33029

60029144



2. Principal Place of Business - No P.O. Box #
 17674 SW 6th St.

3. Mailing Address
 17674 SW 6th St.

Suite, Apt. #, etc.

03212007 Chg-LLC CR2E083 (12/06)

City & State
 Pembroke Pines, FL

City & State
 Pembroke Pines, FL

Zip
 33029

Country
 U.S.

Zip
 33029

Country
 U.S.

4. FEI Number
 32-0101553

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

VARELA, XIMENA
 1525 SW 111 AV.
 APT. 305
 PEMBROKE PINES, FL 33025

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR	<input type="checkbox"/> Delete
NAME VARELA, HERSON	
STREET ADDRESS 18940 NW 22ND STREET	
CITY-ST-ZIP PEMBROKE PINES, FL 33029	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS 17674 SW 6th Street	
CITY-ST-ZIP Pembroke Pines, FL 33029	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: _____ Date: 3/22/07 Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE