

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

4/12/

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90031 044 \*\*\*\*50.00

**DOCUMENT # L03000051226**

1. Entity Name

**QUEEN INVESTMENTS, LLC**



Principal Place of Business

**1701 SW 2ND AVE  
MIAMI FL 33129**

Mailing Address

**1701 SW 2ND AVE  
MIAMI FL 33129**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FFI Number

**11-0957298**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$5.00 Additional  
Fee Required**

MOORE

CR2E083 (11/03)

**34004475**



6. Name and Address of Current Registered Agent

**REINA, GUILLERMO  
1701 SW 2ND AVE  
MIAMI FL 33129**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Florida Department of State  
Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**MGR  
REINA, GUILLERMO  
1701 SW 2ND AVE  
MIAMI FL 33129**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**MGR  
REINA, NANCY  
1701 SW 2ND AVE  
MIAMI FL 33129**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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CITY- ST- ZIP

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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
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CITY- ST- ZIP  
☐ Change ☐ Addition

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 60B, Florida Statutes.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone

**4/9/04 3058604848**  
**Ext 18**  
**17**