

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 08, 2007 8:00 am
Secretary of State

05-14-2007 90366 037 *****50.00

DOCUMENT # L03000052843					
1. Entity Name CARLOS MALONE MINISTERIAL ENTERPRISES, LLC					
Principal Place of Business 14440 LINCOLN BLVD MIAMI, FL 33176 US			Mailing Address % SJO ASSOCIATES PO BOX 836182 MIAMI, FL 33283 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04092007 Chg-LLC CR2E083 (12/06)	
4. FEI Number 20-0516483				☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent					
SJO ASSOCIATES 7 PALMS PLAZA HOMESTEAD, FL 33030					
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: 4/14/07					
Filing Fee is \$30.00 Due by May 1, 2007					
Make check payable to Florida Department of State					
9. MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MALONE, CARLOS L 14440 LINCOLN BLVD MIAMI, FL 33176 ☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR YOUNG, RAYMOND 20205 SW 122ND AVE #103 MIAMI, FL 33177 ☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SMITH, GERALDINE 522 NORTH 27TH ST EAST ST LOUIS, IL 62205 ☒ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GRANGER, W O BISHOP 1214 AVONDALE LN WEST PALM BEACH, FL 33409 ☒ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MALONE, PAMELA 14440 LINCOLN BLVD MIAMI, FL 33176 ☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
10. ADDITIONS/CHANGES					
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☒ Addition MGR Alexander, Christopher 14440 Lincoln Blvd Miami FL 33176					
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition 					
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition 					
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition 					
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TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ 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 606, Florida Statutes.					
SIGNATURE: DATE: 8/2/07 (305) 235-7423					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					