## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000005280

## FILED May 08, 2007 8:00 am Secretary of State

05-08-2007 90115 047 \*\*\*\*50.00

1. Entity Nami PONCE D	e E LEON BRANDS, LLC							
Principal Place	of Business	Mailing Address	<u> </u>		60049	854		
2999 NE 191 Aventura, F		2999 191 ST #905 AVENTURA, FL 33180			00040	001		
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4400 BISSAME BING.		3. Mailing Address 4400 Biscaype Blud		lud.	-			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	<b>,_</b>	0416200	7 Chg-LLC C	R2E083 (12/06)		
City & State		City & State		4. FEI Nu		<u> </u>	plied For	
Zip	Country	Zip _	Country		468284	\$5.00 044	ot Applicable	
33137	_ COUNTY A	33137	VSA	5. Certific	ate of Status Desired	Fee Require		
	6. Name and Address of Current	Registered Agent		7. Name	and Address of New Regist	ered Agent		
HELLMAN, MAYNARD J ESQ				Name Maynard Hellman, Esq.				
2999 NE 191 ST. #905			Street A	Street Address (P.O. Box Number is Not Acceptable)				
AVENTURA, FL 33180			યપ	4400 Biscayne Blud # 900				
				Mami, FL 33937				
8. The above	named entity submits this statement to ions of solistered agent.	r the purpose of changing its re	gistered office o	r registered agent, o	both, in the State of Florida.	I am familiar with,		
	ions of registered agent.					27/07 -		
SIGNATURE .					71	<i>ユハハ</i>		
	Signature, typed by printed name of egista ed ag to	and title if applicable. (NOTE: F	Registered Agent signat	ure required when reinstating		DATE		
FI	Signature, typed by printed name of logistic designations of logistic d	and tile if applicable (NOTE: F	agistered Agent signat	ure required when reinstating	Make ch	eck payable to partment of Stat	e	
FI	ling Fee is \$50.00		legistered Agent signat	ure required when reinstating	Make ch	eck payable to partment of Stat	e	
9.	lling Fee is \$50.00 ue by May 1, 2007 MANAGING MEMBE		10.		Make ch Fiorida Dej ADDITIONS/CHA	eck payable to partment of Stat	<b>e</b> ☐ Addition	
9.	Iling Fee is \$50.00 ue by May 1, 2007  MANAGING MEMBE MGR FERNANDEZ, CHARLES M	RS/MANAGERS	10.	MGR	Make ch Fiorida Dej  ADDITIONS/CHA	eck payable to partment of Stat		
9. TITLE NAME	lling Fee is \$50.00 ue by May 1, 2007 MANAGING MEMBE	RS/MANAGERS	10. TITLE NAME	MGR Fernande 4400 BI	Make ch Fiorida Dej ADDITIONS/CHA	eck payable to partment of Stat		
9.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	MANAGING MEMBE MGR FERNANDEZ, CHARLES M 2999 NE 191 STREET #905	RS/MANAGERS	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MGR Fernande 1400 BI	ADDITIONS/CHA	eck payable to partment of Stat		
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11. Thereby 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 and powered to exempte this report as required by Chapter 608, Florida Statutes.

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

☐ Delete

SIGNATURE:
SIGNATURE AND TYPED OR DRITTED HASE OF SIGNAFAMAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

4/27/07

365-777-1095 Daytime Phone #

☐ Change

☐ Addition