


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90352 019 \*\*\*\*50.00

**DOCUMENT # L04000010905**

1. Entity Name  
**CARLOS E. PEREZ L.L.C.**



Principal Place of Business  
**13741 SW 139TH COURT, UNIT 104  
 MIAMI, FL 33186**

Mailing Address  
**328 MINORCA AVENUE  
 CORAL GABLES, FL 33134**

40098334



2. Principal Place of Business - No P.O. Box #

3. Mailing Address  
**13741 SW 139th CT**

Suite, Apt. #, etc.  
**UNIT 104**

04162007 Chg-LLC CR2E083 (12/06)

City & State  
**MIAMI FLA**

4. FEI Number  
**65-0748941**

Applied For  
 Not Applicable

Zip  
**33186**

Country  
**DADE**

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

6. Name and Address of Current Registered Agent  
**LEVINE, EDWARD S P.A.  
 328 MINORCA AVENUE  
 CORAL GABLES, FL 33134**

7. Name and Address of New Registered Agent  
 Name **CARLOS E. PEREZ LLC**  
 Street Address (P.O. Box Number is Not Acceptable)  
**13741 SW 139 CT UNIT 104**  
 City **MIAMI** FL Zip Code **33186**

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: **4-25-07**

(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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM PEREZ, CARLOS E 13741 SW 139TH COURT, UNIT 104 MIAMI, FL 33186 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 608, Florida Statutes.

SIGNATURE:  DATE: **4-25-07**

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