


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000011892

1. Entity Name
HIGH TOP WAREHOUSE LLC



Principal Place of Business Mailing Address
1034 NW 23RD ST **1034 NW 23RD ST**
MIAMI FL 33127 **MIAMI FL 33127**



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

1st MOORE CR2E083 (10/07)

6. Name and Address of Current Registered Agent

VAZQUEZ, MARIANO
1034 NW 23RD ST
MIAMI FL 33127

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 *Mariano Vazquez* DATE **2/15/08**

Signature typed or printed name of registered agent is to file. If applicable (NOTE: Registered Agent signature required when consisting)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE	MGR <input type="checkbox"/> Delete
NAME	VAZQUEZ, MARIANO
STREET ADDRESS	1034 NW 23RD ST
CITY-ST-ZIP	MIAMI FL 33127
TITLE	MGR <input type="checkbox"/> Delete
NAME	VAZQUEZ, MARILYN
STREET ADDRESS	1034 NW 23 STREET
CITY-ST-ZIP	MIAMI FL 33127
TITLE	MGR <input type="checkbox"/> Delete
NAME	VAZQUEZ, CHARLES
STREET ADDRESS	1034 NW 23 STREET
CITY-ST-ZIP	MIAMI FL 33127
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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	U00000839200
STREET ADDRESS	03/05/08-80060-014 143.75
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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 Section 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: *Mariano Vazquez* DATE: **2/15/08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #