

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90030 035 ****50.00

DOCUMENT # L04000012006

1. Entity Name
ZALI ENTERPRISES LLC



Principal Place of Business
**9360 SW 72ND ST
285
MIAMI, FL 33176**

Mailing Address
**9360 SW 72ND ST
285
MIAMI, FL 33176**

20033438



2. Principal Place of Business
3785 NW 82 AVE

3. Mailing Address

Suite, Apt. #, etc.
Suite 112

Suite, Apt. #, etc.

City & State
Doral FL

City & State

03022006 Chg-LLC CR2E083 (11/05)

Zip
33166

Country
Mexico

Zip

Country

4. FEI Number
58-2278292

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LINARES, MAXIMO
14531 SW 12 LN
MIAMI, FL 33174**

7. Name and Address of New Registered Agent

Name **Maximo Linares**
Street Address (P.O. Box Number is Not Acceptable)
3785 NW 82 AVE Suite 112
City **Doral** FL Zip Code **33166**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/28/06

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
LINARES, OSMANY
12904 SW 116 CT
MIAMI, FL 33186** ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
ZAMUDIO, ANDRES
11840 SW 5 ST
MIAMI, FL 33184** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Vicepresident
Zamudio Andres
3785 NW 82 AVE # 112
Doral, FL 33166** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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CITY-ST-ZIP
☐ Change ☐ Addition

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 608, 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:

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

Date

Daytime Phone #

[Signature]

V/P

3/28/06

305-4630050