

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

03-29-2006 90019 008 ****50.00

DOCUMENT # L04000013451 1. Entity Name AL'S GENERAL MACHINE SHOP, LLC																																			
Principal Place of Business 12949 OKEECHOBEE ROAD UNIT #3 HIALEAH GARDENS, FL 33018 US		Mailing Address 12949 OKEECHOBEE ROAD UNIT #3 HIALEAH GARDENS, FL 33018 US																																	
2. Principal Place of Business 549 W 28 ST Suite, Apt. #, etc.		3. Mailing Address 549 W 28 ST Suite, Apt. #, etc.																																	
City & State HIALEAH FLORIDA Zip 33010 Country US		City & State HIALEAH FLORIDA Zip 33010 Country US																																	
4. FEI Number 90-0146838		Applied For <input type="checkbox"/> Not Applicable																																	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required																																	
6. Name and Address of Current Registered Agent RUIZ, ALBERTO 12949 OKEECHOBEE ROAD UNIT #3 HIALEAH GARDENS, FL 33018		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																	
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 <u><i>Alberto Ruiz</i></u> DATE <u><i>3/26/06</i></u> <small>(Signature, typed or printed name of registered agent and date if applicable) (NOTE: Registered Agent signature required when reappointing)</small>																																			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State																																	
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY- ST- ZIP</td> <td style="width: 70%;"> <div style="display: flex; justify-content: space-between;"> <div>MGRM RUIZ, ALBERTO 6350 W 22 CT, APT. 201 HIALEAH, FL 33016</div> <div><input type="checkbox"/> Delete</div> </div> </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<div style="display: flex; justify-content: space-between;"> <div>MGRM RUIZ, ALBERTO 6350 W 22 CT, APT. 201 HIALEAH, FL 33016</div> <div><input type="checkbox"/> Delete</div> </div>															10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY- ST- ZIP</td> <td style="width: 70%;"> <div style="display: flex; justify-content: space-between;"> <div> </div> <div><input type="checkbox"/> Change <input type="checkbox"/> Addition</div> </div> </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<div style="display: flex; justify-content: space-between;"> <div> </div> <div><input type="checkbox"/> Change <input type="checkbox"/> Addition</div> </div>														
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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: <u><i>ALBERTO RUIZ</i></u> <u><i>Alberto Ruiz</i></u> <u><i>APR 9, 2006</i></u> <u><i>786 2951324</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>																																			