

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 06, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000013755**

1. Entity Name  
**EXITOS Y TRIUNFOS, LLC**



Principal Place of Business  
**15923 BISCAYNE BLVD  
 SUITE 212  
 NORTH MIAMI, FL 33160**

Mailing Address  
**15923 BISCAYNE BLVD  
 SUITE 212  
 NORTH MIAMI, FL 33160**



03012006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-2474404</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**PADRON, CARLOS E  
 VILA, PADRON & DIAZ, P.A.  
 2 ALHAMBRA PLAZA, STE 860  
 CORAL GABLES, FL 33134**

**DO NOT WRITE  
 IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

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

U00000456147  
 03/16/06-80016-021 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE: **MGR**  
 NAME: **HANFLING, GUILLERMO**  
 STREET ADDRESS: **15923 BISCAYNE BOULEVARD SUITE 212**  
 CITY-ST-ZIP: **NORTH MIAMI BEACH, FL 33160**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**DO NOT WRITE  
 IN THIS SPACE**

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:** \_\_\_\_\_

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

DATE \_\_\_\_\_

DAYTIME PHONE # \_\_\_\_\_