

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 03, 2005 8:00 am**  
**Secretary of State**

06-03-2005 90426 022 \*\*\*150.00

<b>DOCUMENT # L04000019192</b>					
<b>1. Entity Name</b> MARIA E. MORALES, LLC					
<b>Principal Place of Business</b> 7625 SW 84TH COURT MIAMI, FL 33143			<b>Mailing Address</b> 7625 SW 84TH COURT MIAMI, FL 33143		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 20-0924343	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
BALOYRA, JOSE 2665 SOUTH BAYSHORE DRIVE, STE. 200 GRAND BAY PLAZA MIAMI, FL 33133			Name: <u>Jose Baloyra</u> Street Address (P.O. Box Number is Not Acceptable) <u>2950 SW 27 Ave</u> <u>Suite 300</u> City <u>Miami</u> <u>FL</u> Zip Code <u>33133</u>		
<b>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.</b>					
SIGNATURE <u>RA</u>			DATE <u>5/29/05</u>		
(NOTE: Registered Agent signature required when reinstating)					
<b>Filing Fee is \$50.00</b> <b>Due by September 7, 2005</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
			Maria E. Morales Manager 7625 SW 84th Court Miami, Florida 33143		
			MANAGER Antonio Morales 7625 SW 84th Court Miami Florida 33143		
<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.</b>					
SIGNATURE: <u>Antonio Morales</u>			Date <u>5/29/05</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Daytime Phone # <u>(305) 598 2850</u>		
Maria E. Morales, MANAGER 5/29/05 (305) 598 2850					