

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000019542	
1. Entity Name H2T ENTERPRISES, LLC	

Principal Place of Business 22 SOUTHWEST 97TH PLACE MIAMI, FL 33174	Mailing Address P.O. BOX 226166 MIAMI, FL 33122
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01042007No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEE Number: NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	
TORRES, HECTOR S 22 SOUTHWEST 97TH PLACE MIAMI, FL 33174	

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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 _____
Signed by type or printed name of registered agent and file in appropriate. (NOTE: Registered agent signature is required when recasting)

DATE _____

Filing Fee is \$50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGR TORRES, HECTOR S 22 SOUTHWEST 97TH PLACE MIAMI, FL 33174
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGR TERAN, ZULAY C 22 SOUTHWEST 97TH PLACE MIAMI, FL 33174
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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: Hector S Torres 1/25/07 305 807 9030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE