


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L04000020781

1. Entity Name
FULGENCIO & MARIA-PADILLA LLC



Principal Place of Business Mailing Address

850 BELLE MEADE ISLAND DRIVE **850 BELLE MEADE ISLAND DRIVE**
MIAMI, FL 33138 **MIAMI, FL 33138**

DO NOT WRITE IN THIS SPACE



01032007No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-0917644	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

JOHNNY A. GASPARD, PLLC ATTORNEY-AT-LAW
15025 N.W. 77TH AVENUE
SUITE 116
MIAMI LAKES, FL 33014

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 _____ (NOTE: Registered Agent signature required when reconstating) DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PADILLA, FULGENCIO SR. 850 BELLE MEADE ISLAND DR. MIAMI, FL 33138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PADILLA, MARIA D 850 BELLE MEADE ISLAND DR. MIAMI, FL 33138
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	

100000578504
 01/09/07-80031-025 50.00

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: *Fulgencio Padilla* January 04, 2007
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #