

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90197 027 ****50.00

DOCUMENT # L04000022073
 1. Entity Name
 ACQUA 1502, L.L.C.



Principal Place of Business Mailing Address
 C/O ESTRELLA HAMUI C/O ESTRELLA HAMUI
 19111 COLLINS AVENUE, APT. 2402 19111 COLLINS AVENUE, APT. 2402
 SUNNY ISLES BEACH, FL 33160 SUNNY ISLES BEACH, FL 33160

20005074



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

01252005 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-0931278 Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HAMUI, ESTRELLA
 19111 COLLINS AVENUE, APT. 2402
 SUNNY ISLES BEACH, FL 33160

7. Name and Address of New Registered Agent

Name Juan A. Figueroa, P.A., C.P.A.
 Street Address (P.O. Box Number is Not Acceptable)
 1428 Brickell Avenue, Suite 206
 City Miami FL Zip Code 33131

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 X *Juan A. Figueroa* X 1/25/05 DATE

Filing Fee is \$50.00 Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	HAMUI, ESTRELLA	
STREET ADDRESS	19111 COLLINS AVENUE, APT. 2402	
CITY-ST-ZIP	SUNNY ISLES BEACH, FL 33160	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	ALFONSO ENTEBI HAMUI	
STREET ADDRESS	19111 COLLINS AVENUE, APT. 2402	
CITY-ST-ZIP	SUNNY ISLES BEACH, FL 33160	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE: *Estrella Hamui P* X 01-25-05 X 305 9336090
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #