2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000024642

1. Entity Name
LEAL & SECADA, LLC

Principal Place of Business	Mailing Address
9355 GALLARDO ST CORAL GABLES, FL 33156	9355 GALLARDO ST CORAL GABLES, FL 33156

DO NOT WRITE IN THIS SPACE

03072006No Chg-LLC CR2E053 (11/05)

4. FEI Number
04-3818968
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

LEAL, EDUARDO A
9355 GALLARDO ST
CORAL GABLES, FL 33156

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

H06000146073
03/23/06-80024-014 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	SECADA, JUAN
STREET ADDRESS	5175 S.W. 62ND AVE.
CITY ST ZIP	MIAMI, FL 33155
TITLE	MGR
NAME	LEAL, EDUARDO A
STREET ADDRESS	9355 GALLARDO ST
CITY ST ZIP	CORAL GABLES, FL 33156
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

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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.

JAMES COSEO

SIGNATURE: James Coseo 3/07/06 772-595-0529
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #