

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90018 030 \*\*\*\*50.00

<b>DOCUMENT # L04000033722</b>	
1. Entity Name <b>BOADA &amp; LEON, LLC</b>	



Principal Place of Business <b>7801 NW 37TH STREET MIAMI, FL 33166</b>	Mailing Address <b>7801 NW 37TH STREET MIAMI, FL 33166</b>
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**20047671**

2. Principal Place of Business <b>14130 Abaco Isle Dr.</b>	3. Mailing Address <b>14130 Abaco Isle Dr.</b>
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <b>Orlando, Florida</b>	City & State <b>Orlando, Florida</b>
Zip <b>32824</b>	Country <b>USA</b>

04212005 Chg-LLC CR2E083 (10/03)

6. Name and Address of Current Registered Agent <b>MACINTER CORPORATION 5440 NORTH STATE RD. 7, SUITE 218 FORT LAUDERDALE, FL 33319</b>	
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7. Name and Address of New Registered Agent Name <b>Maria Helena Abril</b> Street Address (P.O. Box Number is Not Acceptable) <b>14130 Abaco Isle Dr.</b> City <b>Orlando</b> FL Zip Code <b>32824</b>	
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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 <i>[Signature]</i> <b>Maria Helena Abril</b> DATE <b>4-21-05</b> <small>Signature, name, and printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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<b>Filing Fee is \$50.00 Due by May 1, 2005</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BOADA, EDUARDO J 7801 NW 37TH STREET MIAMI, FL 33166 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEON, MARTHA L 7801 NW 37TH STREET MIAMI, FL 33166 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:</b> <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	Date <b>4-21-05</b> Daytime Phone # <b>407-851-3532</b>
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