

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
May 09, 2007  
Secretary of State**

DOCUMENT# L04000035758

Entity Name: DAVID VIERA, LLC

**Current Principal Place of Business:**

7828 WEST 29 LANE  
101  
HIALEAH, FL 33018 US

**New Principal Place of Business:**

**Current Mailing Address:**

7828 WEST 29 LANE  
101  
HIALEAH, FL 33018 US

**New Mailing Address:**

FEI Number: 20-1114147      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

VIERA, DAVID  
7828 WEST 29 LANE  
101  
HIALEAH, FL 33018 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Delete  
Name: VIERA, DAVID  
Address: 7828 WEST 29 LANE, #101  
City-St-Zip: HIALEAH, FL 33018 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM ( ) Delete  
Name: MORALES, ANDY  
Address: 2485 WEST 76TH STREET APT #207  
City-St-Zip: HIALEAH, FL 33016

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DAVID VIERA

MGRM

05/09/2007

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date