

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000053440

Entity Name: SALAZAR BOYS LLC.

FILED
Mar 22, 2008
Secretary of State

Current Principal Place of Business:

11320 SW 61 CT
PINECREST, FL 33156

New Principal Place of Business:

Current Mailing Address:

11320 SW 61 CT
PINECREST, FL 33156

New Mailing Address:

FEI Number: 20-1386038

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, JOSE E
132 MINORCA AVENUE
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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:

Title: MGR () Delete
Name: SALAZAR, JUAN A
Address: 11320 SW 61 CT
City-St-Zip: PINECREST, FL 33156

Title: MGRM () Delete
Name: SALAZAR, JUAN CARLOS
Address: 11320 SW 61 CT
City-St-Zip: PINECREST, FL 33156

Title: MGR () Delete
Name: SALAZAR, ALEJANDRO
Address: 11320 SW 61 CT
City-St-Zip: PINECREST, FL 33156

Title: MGR () Delete
Name: SALAZAR, ANDREW
Address: 11320 SW 61 CT
City-St-Zip: PINECREST, FL 33156

ADDITIONS/CHANGES:

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

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

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

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: JUAN SALAZAR

MGR

03/22/2008

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