


2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Mar 01, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000054566	
1. Entity Name ZORAIDA J. CONTRERAS, L.L.C.	

Principal Place of Business 2700 GLADES CIRCLE, SUITE 130 WESTON, FL 33327	Mailing Address 2700 GLADES CIRCLE, SUITE 130 WESTON, FL 33327
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DO NOT WRITE IN THIS SPACE



02122007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 55-0876803	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PRADO, LUIS
2700 GLADES CIRCLE, SUITE 130
WESTON, FL 33327

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

Filing Fee is \$50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CONTRERAS, ZORAIDA 2700 GLADES CIRCLE, SUITE 130 WESTON, FL 33327
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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.

SIGNATURE: *Luis Prado MGR* *02/12/07* *954 3850733*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #