


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2008 08:00 AM
Secretary of State


DOCUMENT # L04000054566

1. Entity Name
ZORAIDA J. CONTRERAS, L.L.C.



Principal Place of Business Mailing Address
2700 GLADES CIRCLE, SUITE 130 **2700 GLADES CIRCLE, SUITE 130**
WESTON, FL 33327 **WESTON, FL 33327**

DO NOT WRITE IN THIS SPACE



04112008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 55-0876803	Applied For Not Applicable
5. Certificate of Status Desired <input 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

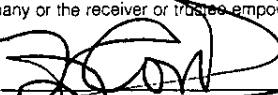
U00000900971
 04/29/08-80050-009 138.75

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:  04/10/2008 954-3850733

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #