


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 20, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000056286 1. Entity Name GONZALVA, LLC	
--	---

Principal Place of Business 1901 W. FLAGLER STREET MIAMI, FL 33135	Mailing Address 1901 W. FLAGLER STREET MIAMI, FL 33135
--	--

DO NOT WRITE IN THIS SPACE



01132006No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1459351	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

GONZALEZ, NITZA
 1901 W. FLAGLER STREET
 MIAMI, FL 33135

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
 Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GONZALEZ, RAUL JR. 1901 W. FLAGLER STREET MIAMI, FL 33135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GONZALEZ, DANIEL 1901 W. FLAGLER STREET MIAMI, FL 33135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GONZALEZ, NITZA 1901 W. FLAGLER STREET MIAMI, FL 33135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

11000003313305
01/25/06-80015-016 50.00

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: *Nitza Gonzalez* 1-16-06 305-644-1708

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