


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 07, 2006 8:00 am
Secretary of State

08-07-2006 90110 003 ****50.00

DOCUMENT # L04000058308 1. Entity Name BIG SANTO DOMINGO, LLC.			
Principal Place of Business 10556 NW 26TH STREET D-101 DORAL, FL 33172 US		Mailing Address 10556 NW 26TH STREET D-101 DORAL, FL 33172 US	
2. Principal Place of Business 10544 NW 26 St.		3. Mailing Address 10544 NW 26 St.	
Suite, Apt. #, etc. E 202		Suite, Apt. #, etc. E 202	
City & State Doral, FL		City & State Doral, FL	
Zip 33172	Country U.S.A.	Zip 33172	Country U.S.A.
4. FEI Number 20-1502737		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CABANAS & ASSOCIATES, P.A. 10520 N.W. 26TH STREET C 201 DORAL, FL 33172		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ECHEVERRIA, RICARDO 7102 NW 112 COURT DORAL, FL 33178	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ECHEVERRIA, YVETTE 7102 NW 112 COURT MIAMI, FL 33178	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCATTOLINI, MAURO 10556 NW 26 ST - #D101 DORAL, FL 33172	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PROFETA DE SCATTOLIN, CONSTANZA L 10556 NW 26 ST - #D 101 DORAL, FL 33172	<input checked="" type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCATTOLINI, MAURO 10544 NW 26 St. - E 202 Doral, FL 33172	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCATTOLINI, DANIA 10544 NW 26 St. - E 202 Doral, FL 33172	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Joseph F. Cabanas</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date <u>08/03/06</u> Daytime Phone # <u>(305) 5941098</u>	