

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)


FILED
Mar 17, 2005 8:00 am
Secretary of State

02-18-2005 90130 035 ****50.00

30001013



1st MOORE CR2E083 (10/04)

DOCUMENT # L04000065010					
1. Entity Name VALDES ENTERPRISES OF SOUTH FLORIDA, LLC					
Principal Place of Business 4397 WEST 16 AVENUE HIALEAH FL 33012			Mailing Address 4397 WEST 16 AVENUE HIALEAH FL 33012		
2. Principal Place of Business			3. Mailing Address		
*Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-1570451	
				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			7. Name and Address of New Registered Agent		
VALDES, YENISBEL 4397 WEST 16 AVENUE HIALEAH FL 33012			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____					
<div style="border: 1px solid black; padding: 5px; text-align: center;"> FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 </div>					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VALDES, YENISBEL		NAME		
STREET ADDRESS	4397 WEST 16 AVENUE		STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL 33012		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SOSA, SANDRA M		NAME		
STREET ADDRESS	4397 WEST 16 AVENUE		STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL 33012		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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>Yenisbel Valdes</u> <u>Yenisbel Valdes, Manager</u>			02/13/05 (305) 923-4000		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		