2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

	ANNUAL	KEPUKI (AK	<u>}</u>	Feb 24, 2006 08:00 AM
DGCU 1. Entity Nam	MENT # L040000650	010		Secretary of State
VALDES I	ENTERPRISES OF SOUTH	FLORIDA, LLC		
Principal Place of Business		Mailing Address		
4397 WEST 16 AVENUE		4397 WEST 16 AVEN	UE	
HIALEAH FL	_ 33012	HIALEAH FL 33012	·	
2. Principal Place of Business		3. Mailing Address		t (REMEN AM ERM) frein steint werte werte werte werte geleit wert werten mein werend ten neuen ber
Suite, Apt. II., etc.		Suite, Apt. #, etc.		1st MOORE CR2E083 (10/05)
City & State		City & State		4. FEI Number 20-1570451 Applied For Not Applied
Zip	Country	Zip	Country	5. Certificate of Status Desired
	6. Name and Address of Curre	nt Registered Agent		7. Name and Address of New Registered Agent
			Name	
VALDES, YENISBEL 4397 WEST 16 AVENUE HIALEAH FL 33012		- -	Streat Address	s (P.O. Box Number is Not Acceptable)
niAi	LEAR FL 33012			
			City	FL Zip Code
	named entity submits this statement ions of registered agent.	for the purpose of changing it	s registered office or regist	tered agent, or both, in the State of Florida. I am familiar with, and acce
SIGNATURE .				
	Signature, typed or printed name of registered ag-		TE Registered Agent signature requi	na!
			IOW!!! FEE IS \$50.00	
		Make Check Payal	ble to Florida Departm ue By May 1, 2006	ent of State
	\$4.6516.00 \$ 000.00	BERS/MANAGERS	10.	ADDITIONS/CHANGES
9. TITLE	MGR	Delete	TITLE (☐ Change ☐ Addish
NAME	VALDES, YENISBEL		NAME	
STREET ADDRESS	4397 WEST 16 AVENUE		STREET ADDRESS	U 00 009445263
CITY-SI-2IP	HIALEAH FL 33012		City-SI-ZIP	<u>03/07/06-80036-017_50.00</u>
TITLE	MGR	☐ Delete	TITLE	☐ Change ☐ Addis
NAME STREET ADDRESS	SOSA, SANDRA M 4397 WEST 16 AVENUE	-	NAME STREET ADDRESS	
	HIALEAH FL 33012		CITY-ST-ZIP	
DILLE	,,,,,	☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS	}		STREET ADDRESS	
CITY-ST-ZIP			CITY - ST - ZIP	
TITLE NAME		☐ Defete	TITCE NAME	Change 🔲 Additi
STREET ADDRESS			STREET ADDRESS	
CITY-SI-ZIP	{		CITY-ST-ZIP	
TITLE		☐ Delele	TITLE	☐ Change ☐ Addition
NAME	}		NAME	
STREET ADDRESS CHY-ST-21P			STREET ADDRESS { CITY-ST-ZIP	
		Con	— B —— —	☐ Change ☐ A449
TITLE		☐ Defete	TITLE NAME	C Outside C America
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP	1		CISY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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. Andel Vallon. Yeniskel Wiles

02/20/06/2020/823-4000

FILED