2007 LIMITED LIABILITY COMPANY ANNUAL REPORT				FILED Mar 29, 2007 08:00 AI	
1. Entity Nan	MENT # L04000069	413		Secretary of State	
Principal Plac 5805 WEST HIALEAH, FL		Mailing Address 5805 WEST 13 AVE. HIALEAH, FL 33012	-		
C	O NOT WRITE	IN THIS SPA	CE	03082007 No Chg-LLC 4. FEI Number 55-0883091	CR2E083 (11/05)
				5. Certificate of Status Desired	\$5.00 Additional Fee Required
	6. Name and Address of Current F EBECA J ST 13 AVE. FL 33012	tegistered Agent		DO NOT WI IN THIS SP	
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. 1 am familiar with, and accept the obligations of registered agent. SIGNATURE					
Filing Fee Is \$50.00 Due by May 1, 2007					
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBEF MGR LARA, OSVALDO 5805 WEST 13 AVE. HIALEAH, FL 33012	IS/MANAGERS		000006	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				04/04/07-8	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE				DO NOT W	i i i i i i i i i i i i i i i i i i i
NAME STREET ADDRESS CITY-ST-ZIP			_	IN THIS SP	ACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
11. I hereby certify that the information supplied with this filling 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: 215/07 786-553-7747 BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Dayling Phone W					