2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

9/1/2005-90052-014-$55.00-$55.00
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 OCT 31 AM 9:35

DOCUMENT # L04000074374

1. Entity Name

CINTRON ENTERPRISES, L.L.C.

Principal Place of Business	Mailing Address
8889 GEORGETOWN LANE BOYNTON BEACH FL 33437	8889 GEORGETOWN LANE BOYNTON BEACH FL 33437

2. Principal Place of Business	3. Mailing Address
915 South D H Suite, Apt. #, etc.	11163 Silver ridge T Suite, Apt. #, etc.
City & State: LAKE Worth	City & State: Wellington
Zip: 33460 Country: W.P.B	Zip: 33467 Country: P. B

2nd MOORE CR2E083 (5/05)

4. FEI Number: 201744566 7 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CINTRON, GLORIA P 8889 GEORGETOWN LANE BOYNTON BEACH FL 33437	Name: Donna P. McCoy Street Address (P.O. Box Number is Not Acceptable): 915 S. Dixie Highway City: Lake Worth FL 33460

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: Donna P. McCoy Manager — 10/26/05
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By September 7, 2005

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM CINTRON, GLORIA P 8889 GEORGETOWN LANE BOYNTON BEACH FL 33437	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Manager Donna P. McCoy (Same as above) 915 S. Dixie Hwy Lake Worth FL 33460	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition SEE 2005
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition BUSINESS STATEMENT
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] 8-29-05 561-5853686
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #