


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 29, 2008 8:00 am
Secretary of State

02-29-2008 90099 050 ***138.75

DOCUMENT # L04000078645	
1. Entity Name AV STRATEGIC INVESTMENTS, LLC	

Principal Place of Business 5448 N. UNIVERSITY DR. LAUDERHILL, FL 33351	Mailing Address 5448 N. UNIVERSITY DR. LAUDERHILL, FL 33351
---	---

60011530



2. Principal Place of Business - No P.O. Box # 2629 N STATE RD 7	3. Mailing Address 2629 N STATE RD 7
Suite, Apt. #, etc.	Suite, Apt. #, etc.

02152008 Chg-LLC CR2E083 (12/06)

City & State LAUDERHILL, FL	City & State LAUDERHILL, FL
Zip 33313	Country BROWARD
Zip 33313	Country BROWARD

4. FEI Number 20-1828439	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 LYNNE S. K. VENTRY, P.A. 955-N NORTHWEST 17TH AVENUE DELRAY BEACH, FL 33445	
--	--


7. Name and Address of New Registered Agent
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 Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
FILE NOW!!! - FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GM PINEDA, OBDULIO S.G. MGR 5448 N. UNIVERSITY DR. LAUDERHILL, FL 33351 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2629 N STATE RD. 7 LAUDERHILL, FL 33313 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VAINRUB, ROBERTO V.P. 5448 N. UNIVERSITY DR. LAUDERHILL, FL 33351 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2629 N STATE RD. 7 LAUDERHILL, FL 33313 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC. LECHTER, ROBERTO SECT. 5448 N. UNIVERSITY DR. LAUDERHILL, FL 33351 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2629 N STATE RD. 7 LAUDERHILL, FL 33313 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA ROTTER, ALAN TREASUR 5448 N. UNIVERSITY DR. LAUDERHILL, FL 33351 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2629 N STATE RD. 7 LAUDERHILL, FL 33313 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: 	OBDULIO S. PINEJA	2/22/08 (954) 358-2274
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #