

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000078717

FILED
Mar 10, 2006
Secretary of State

Entity Name: PIRES & NEVES ENTERPRISES, LLC

Current Principal Place of Business:

2705 GLENBUCK COURT
OCOE, FL 34761

New Principal Place of Business:

Current Mailing Address:

2705 GLENBUCK COURT
OCOE, FL 34761

New Mailing Address:

FEI Number: 20-1818155

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PIRES, PEDRO R
Address: 2705 GLENBUCK COURT
City-St-Zip: OCOEE, FL 34761

Title: S () Delete
Name: DA SILVA, ANGELINA S
Address: 2705 GLENBUCK COURT
City-St-Zip: OCOEE, FL 34761

Title: T () Delete
Name: PIRES, PEDRO R
Address: 2705 GLENBUCK COURT
City-St-Zip: OCOEE, FL 34761

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: NEVES, BENVINDO
Address: 598 KILIMANJARO DRIVE
City-St-Zip: KISSIMMEE, FL 34758

Title: T (X) Change () Addition
Name: NEVES, BENVINDO
Address: 598 KILIMANJARO DRIVE
City-St-Zip: KISSIMMEE, FL 34758

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: BENVINDO NEVES

MGR

03/10/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date