

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000082942

FILED
Apr 24, 2009
Secretary of State

Entity Name: BUONA FORTUNA ENTERPRISES, LLC

Current Principal Place of Business:

5773 S.W. 49TH STREET
MIAMI, FL 33155

New Principal Place of Business:

Current Mailing Address:

5773 S.W. 49TH STREET
MIAMI, FL 33155

New Mailing Address:

FEI Number: 59-3788388

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LUIS, OLGA
5773 S.W. 49TH STREET
MIAMI, FL 33155 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: LUIS, OLGA
Address: 5773 S.W. 49TH STREET
City-St-Zip: MIAMI, FL 33155

Title: MGRM () Delete
Name: VALDES, SANDRA
Address: 5773 S.W. 49TH STREET
City-St-Zip: MIAMI, FL 33155

Title: MGRM () Delete
Name: HOYOS, SUSY
Address: 8410 S.W. 43RD STREET
City-St-Zip: MIAMI, FL 33155

Title: MGRM () Delete
Name: NIERA, MARTA
Address: 8410 S.W. 43RD STREET
City-St-Zip: MIAMI, FL 33155

Title: MGRM () Delete
Name: HERNANDEZ, MICHAEL
Address: 5556 N.W. 192ND LANE
City-St-Zip: MIAMI, FL 33055

Title: MGRM () Delete
Name: HERNANDEZ, EVELYN
Address: 5556 N.W. 192ND LANE
City-St-Zip: MIAMI, FL 33055

ADDITIONS/CHANGES:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: OLGA M LUIS

MGRM

04/24/2009

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