

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000082942

**FILED**  
**Jan 14, 2011**  
**Secretary of State**

**Entity Name:** BUONA FORTUNA ENTERPRISES, LLC

**Current Principal Place of Business:**

8410 SW 43 ST  
MIAMI, FL 33155

**New Principal Place of Business:**

**Current Mailing Address:**

8410 SW 43 ST  
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  
**Name:** LUIS, OLGA  
**Address:** 5773 S.W. 49TH STREET  
**City-St-Zip:** MIAMI, FL 33155

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

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

**Title:** MGRM  
**Name:** GONZALEZ, ISIDRO  
**Address:** 2700 SW 97CT  
**City-St-Zip:** MIAMI, FL 33184

**Title:** MGRM  
**Name:** JOHANSEN, VERONICA  
**Address:** 55 MERRICK WAY 727  
**City-St-Zip:** CORAL GABLES, FL 33134

**Title:** MGRM  
**Name:** VALDES, SANDRA  
**Address:** 5773 SW 49 ST  
**City-St-Zip:** MIAMI, FL 33155

I hereby 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 LUIS

MGRM

01/14/2011

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