
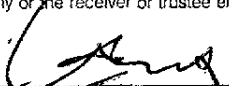


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 17, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000089279</b> 1. Entity Name FOUR A'S ENTERPRISES, LLC		
Principal Place of Business 10265 SW 70 STREET MIAMI, FL 33173	Mailing Address 10265 SW 70 STREET MIAMI, FL 33173	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  MARTINEZ-MALO, LILIANA 10265 SW 70 STREET MIAMI, FL 33173		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		
9. MANAGING MEMBERS/MANAGERS		<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARTINEZ-MALO, ANTONIO 10265 SW 70 STREET MIAMI, FL 33173	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARTINEZ-MALO, LILIANA 10265 SW 70 STREET MIAMI, FL 33173	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:  <b>ANTONIO MARTINEZ-MALO</b>		<b>4/10/06 305-235-2647</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>



03272006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1993375	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

1100000515699  
04/29/06-80219-024 50.00