

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90366 025 ****50.00

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04212005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L04000090545	
1. Entity Name NEW BEGINNING CENTER, L.L.C.	



Principal Place of Business 5968 SW 4 ST MIAMI, FL 33144	Mailing Address 5968 SW 4 ST MIAMI, FL 33144
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2. Principal Place of Business 1720 COUNTRY CLUB PRADO Suite, Apt. #, etc. N/A	3. Mailing Address 955 N.W. 3rd Street Suite, Apt. #, etc. #105
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City & State CORAL GABLES, FLORIDA	City & State Miami, FLORIDA
Zip 33134	Country USA
Zip 33128	Country USA

4. FEI Number 20-2008474		<input checked="" type="checkbox"/> 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 PARRA, AMANDA 5968 SW 4 ST MIAMI, FL 33144		7. Name and Address of New Registered Agent Name Janire Rodriguez Street Address (P.O. Box Number is Not Acceptable) 1720 COUNTRY CLUB PRADO City CORAL GABLES FL Zip Code 33134	

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 <i>Janire Rodriguez</i> Signature, typed or printed name of registered agent and title if applicable.	DATE 4-26-05 (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PARRA, AMANDA 5968 SW 4 ST MIAMI, FL 33144 <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	MGR LLENIN, MERCEDES DRA. 3622 SW 132 PLACE MIAMI, FL 33175 <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	MGR RODRIGUEZ, JANIRE 1720 COUNTRY CLUB PRADO CORAL GABLES, FL <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	MGR RODRIGUEZ, FERNANDO 1720 COUNTRY CLUB PRADO CORAL GABLES, FL <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
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 exemption stated in Section 119.07(3)(i), 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: <i>Janire Rodriguez</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	DATE 4/26/05 Date	PHONE (305) 321-2241 Daytime Phone #
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