

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED  
05 JUL - 6 PM 1:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L04000091043

1. Entity Name  
STAMJA ENTERPRISES, LLC



Principal Place of Business  
4440 PHILADELPHIA CIRCLE  
KISSIMMEE, FL 34746

Mailing Address  
4440 PHILADELPHIA CIRCLE  
KISSIMMEE, FL 34746

BK



2. Principal Place of Business  
519 E. Vine St  
Suite, Apt. #, etc.

3. Mailing Address  
519 E. Vine St.  
Suite, Apt. #, etc.

07052005 Chg-LLC CR2E083 (10/03)

City & State  
Kissimmee FL  
Zip Country  
34744 DS000LA

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Kissimmee FL  
Zip Country  
34744 DS000LA

4. FEI Number  
35-2043884  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

JAQUEZ, ORLANDO A.  
2508 SHERBROOK LANE  
KISSIMMEE, FL 34743

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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 Orlando A. Juez  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00  
Due by September 7, 2005

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME JAQUEZ, ORLANDO A.  
STREET ADDRESS 2508 SHERBROOK LANE  
CITY-ST-ZIP KISSIMMEE, FL 34743 ☐ Delete

TITLE MGR  
NAME HERRERA, VICTOR R  
STREET ADDRESS 4472 PHILADELPHIA CIRCLE  
CITY-ST-ZIP KISSIMMEE, FL 34746 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
400057314644  
07/12/05 01009-007 \*\*50.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition  
Gilberto Esteves  
2519 Teak St  
Kissimmee FL 34743

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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: Orlando A. Juez

07/05/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #