

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 01, 2006 8:00 am**  
**Secretary of State**

02-01-2006 90020 018 \*\*\*\*50.00

**DOCUMENT # L04000093673**

1. Entity Name  
**DIWALDO ACQUISITIONS, LLC**



Principal Place of Business  
**9210 S.W. 72 STREET, #103  
MIAMI, FL 33173**

Mailing Address  
**9210 S.W. 72 STREET, #103  
MIAMI, FL 33173**



2. Principal Place of Business  
**5835 Blue Lagoon Dr.**

3. Mailing Address  
**5835 Blue Lagoon Dr.**

Suite, Apt. #, etc.  
**Suite 302**

Suite, Apt. #, etc.  
**Suite 302**

City & State  
**Miami FL**

City & State  
**Miami FL**

Zip  
**33126** Country  
**USA**

Zip  
**33126** Country  
**USA**

01122006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
**20-2115147**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**MEDEROS, JORGE C  
9210 S.W. 72 STREET, #103  
MIAMI, FL 33173**

**7. Name and Address of New Registered Agent**

Name  
**Jorge C Mederos**

Street Address (P.O. Box Number is Not Acceptable)  
**5835 Blue Lagoon Dr**

**Suite 302**

City  
**Miami**

**FL**

Zip Code  
**33126**

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

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 May 1, 2006**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
**MGRM** ☐ Delete  
NAME  
**MEDEROS, JORGE C**  
STREET ADDRESS  
**9210 S.W. 72 STREET, #103**  
CITY-ST-ZIP  
**MIAMI, FL 33173**

TITLE  
☐ Delete  
NAME  
  
STREET ADDRESS  
  
CITY-ST-ZIP

TITLE  
☐ Delete  
NAME  
  
STREET ADDRESS  
  
CITY-ST-ZIP

TITLE  
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STREET ADDRESS  
  
CITY-ST-ZIP

TITLE  
☐ Delete  
NAME  
  
STREET ADDRESS  
  
CITY-ST-ZIP

**10. ADDITIONS/CHANGES**

TITLE  
**MGRM** ☒ Change ☐ Addition  
NAME  
**Jorge C Mederos**  
STREET ADDRESS  
**5835 Blue Lagoon Dr. Ste. 302**  
CITY-ST-ZIP  
**MIAMI FL 33126**

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

TITLE  
☐ Change ☐ Addition  
NAME  
  
STREET ADDRESS  
  
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TITLE  
☐ Change ☐ Addition  
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:**

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

Date

Daytime Phone #