

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2008 8:00 am
Secretary of State

04-03-2008 90071 023 ***138.75

60019328



04012008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L05000004604 1. Entity Name ADRIALEX OF MIAMI, LLC					
Principal Place of Business 721 SALDANO AVENUE CORAL GABLES, FL 33143			Mailing Address 721 SALDANO AVENUE CORAL GABLES, FL 33143		
2. Principal Place of Business - No P.O. Box # 396 NW 49 Ave		3. Mailing Address 396 NW 49 Ave			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Miami Florida		City & State Miami Florida			
Zip 33126		Country USA		Zip 33126	
Country USA		4. FEI Number 26-1508698			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For: <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent PORTUONDO, FERNANDO J 2121 PONCE DE LEON BLVD., SUITE 600 CORAL GABLES, FL 33134			7. Name and Address of New Registered Agent Name Fidel Antonio Peraza Street Address (P.O. Box Number is Not Acceptable) 396 NW 49 Ave 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] DATE 4/1/08 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PERAZA, VIVIAN 721 SALDANO AVENUE 396 NW 49 AVE CORAL GABLES, FL 33143 Miami FL 33126	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JOSEFINA PERAZA, ORLAIDA 721 SALDANO AVENUE 396 NW 49 AVE CORAL GABLES, FL 33143 Miami FL 33126	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ANTONIO PERAZA, FIDEL 721 SALDANO AVENUE 396 NW 49 AVE CORAL GABLES, FL 33143 Miami FL 33126	<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"/> Change <input type="checkbox"/> Addition				
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 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] DATE 4/1/08 PHONE 305-444-8306 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					