

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000005436

1. Entity Name
AQUABLU, LLC



Principal Place of Business
**481 N.E. 29TH STREET
MIAMI, FL 33137**

Mailing Address
**7730 S.W. 61ST AVENUE
MIAMI, FL 33143**



01162007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2184739

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**JACQUELINE A. SALCINES, PA
7711 S.W. 62ND AVENUE
SUITE 201
MIAMI, FL 33143**

**DO NOT WRITE
IN THIS SPACE**

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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	ANCA, JOSE
STREET ADDRESS	7730 S.W. 61ST AVENUE
CITY-ST-ZIP	MIAMI, FL 33143
TITLE	MGRM
NAME	MILIDEO, CAMILLO
STREET ADDRESS	7730 SOUTHWEST 61 AVENUE
CITY-ST-ZIP	MIAMI, FL 33143
TITLE	MGR
NAME	FURIATI, BLAS J
STREET ADDRESS	3524 TORREMOLINOS AVENUE
CITY-ST-ZIP	DORAL, FL 33178
TITLE	MGR
NAME	FURIATI, PEDRO M
STREET ADDRESS	3524 TORREMOLINOS AVENUE
CITY-ST-ZIP	DORAL, FL 33178
TITLE	MGR
NAME	DI GIOVANNI, MARIO
STREET ADDRESS	3524 TORREMOLINOS AVENUE
CITY-ST-ZIP	DORAL, FL 33178
TITLE	MGRM
NAME	MILIDEO, CARLO A
STREET ADDRESS	7730 SOUTHWEST 61 AVENUE
CITY-ST-ZIP	MIAMI, FL 33143

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01/31/07-80028-005 50.00

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IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/26/07

305-669-9226