


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 08:00 A
Secretary of State

DOCUMENT # L05000006838

1. Entity Name
LA ONDA ENTERPRISES LLC



Principal Place of Business Mailing Address

37518 LOCK ST POB 1917
DADE CITY, FL 33523 DADE CITY, FL 33523

DO NOT WRITE IN THIS SPACE



04092007No Chg-LLC CR2E083 (11/05)

| | |
|---|---------------------------------------|
| 4. FEI Number 20-2657069 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

FRIAS, FELIPE
37518 LOCK ST
DADE CITY, FL 33523

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 *Felipe Frias* DATE

Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00
 Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

| | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR FRIAS, FELIPE 37518 LOCK ST DADE CITY, FL 33523 |
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 05/18/07-80031-006 150.00

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: *Felipe Frias* Date Daytime Phone #

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