


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 22, 2008 8:00 am**  
**Secretary of State**

01-22-2008 90124 047 \*\*\*138.75

DOCUMENT # L05000042273

1. Entity Name  
 ALJOY, LLC



Principal Place of Business  
 2820 WEST LANTANA DRIVE  
 BEVERLY HILLS, FL 34465

Mailing Address  
 2820 WEST LANTANA DRIVE  
 BEVERLY HILLS, FL 34465

60004310

2. Principal Place of Business - No P.O. Box #  
 2820 WEST LANTANA DR.

3. Mailing Address  
 2820 WEST LANTANA DR.

Suite, Apt. #, etc.  
 BEVERLY HILLS FL

Suite, Apt. #, etc.  
 BEVERLY HILLS



01072008 Chg-LLC CR2E083 (12/06)

City & State  
 FLORIDA

City & State  
 FLORIDA

Zip  
 34465

Country  
 USA

Zip  
 34465

Country  
 USA

4. FEI Number  
 20-2830550

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

VILLACASTIN, MARIA JUVY N.  
 2820 WEST LANTANA DRIVE  
 BEVERLY HILLS, FL 34465

7. Name and Address of New Registered Agent

Name  
 VILLACASTIN, MARIA JUVY N.

Street Address (P.O. Box Number is Not Acceptable)  
 2820 LANTANA DRIVE

City  
 BEVERLY HILLS

City  
 FLORIDA

FL

Zip Code  
 34465

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 MARIA JUVY N. VILLACASTIN DATE 1/14/08

(NOTE: Registered Agent signature required when re-registering)

**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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM VILLACASTIN, MAKIA 2820 WEST LANTANA DR BEVERLY HILLS, FL 34465	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM VILLACASTIN, ALEX T 2820 W. LANTANA DR. BEVERLY HILLS, FL 34465	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM VILLACASTIN, MARIA 2820 WEST LANTANA DR. BEVERLY HILLS, FL. 34465	<input checked="" 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
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: ALEX T. VILLACASTIN DATE 1/9/08 DAYTIME PHONE # 352-1489-2486

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