

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000042413

Entity Name: LEISA ENTERPRISES, LLC

FILED  
Sep 01, 2006  
Secretary of State

**Current Principal Place of Business:**

7361 N.W. 8TH STREET  
MIAMI, FL 33126

**New Principal Place of Business:**

**Current Mailing Address:**

7361 N.W. 8TH STREET  
MIAMI, FL 33126

**New Mailing Address:**

FEI Number: 20-2766903      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

ROZENCWAIG & FERRERO-CARR  
301 W. HALLANDALE BEACH BLVD.  
HALLANDALE BEACH, FL 33009      US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: HERNANDEZ, JOSE S  
Address: 7361 N.W. 8TH STREET  
City-St-Zip: MIAMI, FL 33126

Title: MGR      ( ) Delete  
Name: HERNANDEZ, LIEDA  
Address: 7361 N.W. 8TH STREET  
City-St-Zip: MIAMI, FL 33126

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LEIDA HERNANDEZ

VP

09/01/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date