

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000048643

FILED
Jan 04, 2007
Secretary of State

Entity Name: MARIA BAIZ PHOTOGRAPHY, L.L.C.

Current Principal Place of Business:

10338 NW 55TH ST
SUNRISE, FL 33351

New Principal Place of Business:

10334 NW 55TH ST
SUNRISE, FL 33351

Current Mailing Address:

PO BOX 267548
FT LAUDERDALE, FL 33326

New Mailing Address:

PO BOX 267548
WESTON, FL 33326

FEI Number: 20-2854152

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GALARRAGA, JAVIER
10338 NW 55TH ST
SUNRISE, FL 33351 US

Name and Address of New Registered Agent:

GALARRAGA, JAVIER
10334 NW 55TH ST
SUNRISE, FL 33351 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: JAVIER GALARRAGA

01/04/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BAIZ, MARIA M
Address: PO BOX 267548
City-St-Zip: FT LAUDERDALE, FL 33326

Title: MGRM () Delete
Name: GALARRAGA, JAVIER
Address: PO BOX 267548
City-St-Zip: FT LAUDERDALE, FL 33326

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BAIZ, MARIA M
Address: PO BOX 267548
City-St-Zip: WESTON, FL 33326

Title: MGRM (X) Change () Addition
Name: GALARRAGA, JAVIER
Address: PO BOX 267548
City-St-Zip: WESTON, FL 33326

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: JAVIER GALARRAGA

MGRM

01/04/2007

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