

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000061637

FILED
Apr 28, 2006
Secretary of State

Entity Name: QUINTERO INVESTMENTS, LLC

Current Principal Place of Business:

10200 NW 25 STRET
C-204
DORAL, FL 33178

New Principal Place of Business:

10200 NW 25 STRET
204
DORAL, FL 33178

Current Mailing Address:

10200 NW 25 STRET
C-204
DORAL, FL 33172

New Mailing Address:

10200 NW 25 STRET
204
DORAL, FL 33172

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

QUINTERO, EMILIA M
10200 NW 25 STREET
C-204
DORAL, FL 33172 US

Name and Address of New Registered Agent:

QUINTERO, EMILIA M
10200 NW 25 STREET
204
DORAL, FL 33172 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: EMILIA QUINTERO

04/28/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: VAZQUEZ, MARTHA V
Address: 4950 NW 102 AVE., # 203
City-St-Zip: DORAL, FL 33178

Title: MGR (X) Delete
Name: PRATS, DULCE I JR
Address: 10200 NW 25 STREET, C-204
City-St-Zip: DORAL, FL 33172

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: VAZQUEZ, MARTHA V
Address: 4950 NW 102 AVE., # 203
City-St-Zip: DORAL, FL 33178

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: MARTHA V VAZQUEZ

MGRM

04/28/2006

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