

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000067177

FILED
Jan 09, 2007
Secretary of State

Entity Name: INTERACTIVE ENTERPRISES, LLC

Current Principal Place of Business:

19451 SHERIDAN STREET
#275
PEMBROKE PINES, FL 33332

New Principal Place of Business:

10115 NW 79TH AVENUE
HIALEAH GARDENS, FL 33016

Current Mailing Address:

19451 SHERIDAN STREET
#275
PEMBROKE PINES, FL 33332

New Mailing Address:

FEI Number: 20-3134294 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FIGUEROA, ANGEL
19451 SHERIDAN STREET
#275
PEMBROKE PINES, FL 33332 US

Name and Address of New Registered Agent:

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: MGRM () Delete
Name: WILLIAMS, SEAN
Address: 19451 SHERIDAN STREET, #275
City-St-Zip: PEMBROKE PINES, FL 33332

Title: MGRM () Delete
Name: FIGUEROA, ANGEL
Address: 19451 SHERIDAN STREET, #275
City-St-Zip: PEMBROKE PINES, FL 33332

Title: MGRM () Delete
Name: MARINO, LOURDES
Address: 19451 SHERIDAN STREET, #275
City-St-Zip: PEMBROKE PINES, FL 33332

Title: MGRM () Delete
Name: FIGUEROA, ILEANA M
Address: 19451 SHERIDAN STREET, #275
City-St-Zip: PEMBROKE PINES, FL 33332

ADDITIONS/CHANGES:

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

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

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: ANGEL FIGUEROA

MGRM

01/09/2007

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