


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

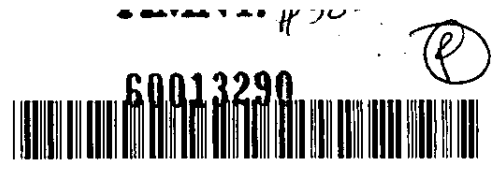
FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90202 035 *****50.00

DOCUMENT # L05000072073	
--------------------------------	---

1. Entity Name
NEO RUMBA DINERO, LLC

Principal Place of Business 1637 SW 8TH STREET MIAMI, FL 33155	Mailing Address 1637 SW 8TH STREET MIAMI, FL 33155
--	--



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01122007 Chg-LLC CR2E083 (12/06)

4. FEI Number

20-3223180

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GUERRA, FRANK
1637 SW 8TH ST
MIAMI, FL 33135**

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	MGRM	<input checked="" type="checkbox"/> Delete
NAME	JNC HOLDINGS	
STREET ADDRESS	1637 SW 8TH STREET	
CITY- ST- ZIP	MIAMI, FL 33135	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	NEO CALDREN, LLC	
STREET ADDRESS	1637 SW 8TH STREET	
CITY- ST- ZIP	MIAMI, FL 33139	

TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEO CALDERON, LLC	
STREET ADDRESS	1637 SW 8TH ST.	
CITY- ST- ZIP	MIAMI, FL 33135	

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	FRANK GUERRA, P.A.	
STREET ADDRESS	1637 SW 8TH STREET	
CITY- ST- ZIP	MIAMI, FL 33139	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE	MGRM	<input checked="" type="checkbox"/> Delete
NAME	ARGO HOLDINGS	
STREET ADDRESS	1637 SW 8TH STREET	
CITY- ST- ZIP	MIAMI, FL 33139	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

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:

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

Date

Daytime Phone #

Frank Guerra 1/15/07 305-285-1418