

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000076322

FILED  
Apr 18, 2007  
Secretary of State

Entity Name: INDALO ENTERPRISES LLC

**Current Principal Place of Business:**

15551 SW 157 STREET  
MIAMI, FL 33187

**New Principal Place of Business:**

**Current Mailing Address:**

15551 SW 157 STREET  
MIAMI, FL 33187

**New Mailing Address:**

FEI Number: 56-2525607

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GARCIA, IDEAL M  
15551 SW 157 STREET  
MIAMI, FL 33187 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: CHAMIZO, MADELEINE  
Address: 15551 SW 157 STREET  
City-St-Zip: MIAMI, FL 33187

Title: MGRM ( ) Delete  
Name: GARCIA, IDEAL M  
Address: 15551 SW 157 STREET  
City-St-Zip: MIAMI, FL 33187

Title: MGRM ( ) Delete  
Name: NUNEZ, JORGE  
Address: 16285 SW 78 TERRACE  
City-St-Zip: MIAMI, FL 33193

**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:

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: IDEAL M. GARCIA

MGRM

04/18/2007

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