

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90026 012 \*\*\*138.75

00037003



04012008 Chg-LLC CR2E083 (12/06)

4. FEI Number **20-3362860** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

FERNANDEZ, JORGE  
12515 NORTH KENDALL DRIVE  
SUITE 328  
MIAMI, FL 33186

## 7. Name and Address of New Registered Agent

Name  
Strr 14261 SW 120 ST, STE 113  
Miami, FL 33186  
Clt

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

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

## 9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	ABAL INVESTMENTS CORPORATION	
STREET ADDRESS	12515 NORTH KENDALL DRIVE, SUITE 328	
CITY- ST- ZIP	MIAMI, FL 33186	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	FERBAN INVESTMENTS, INC.	
STREET ADDRESS	12515 NORTH KENDALL DRIVE, SUITE 328	
CITY- ST- ZIP	MIAMI, FL 33186	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	VEN-AMERICA TRADERS, INC.	
STREET ADDRESS	12515 NORTH KENDALL DRIVE, SUITE 328	
CITY- ST- ZIP	MIAMI, FL 33186	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

## 10. ADDITIONS/CHANGES

TITLE	14261 SW 120 ST, STE 113	
NAME	Miami, FL 33186	
STREET ADDRESS		
CITY- ST- ZIP		
TITLE	14261 SW 120 ST, STE 113	
NAME	Miami, FL 33186	
STREET ADDRESS		
CITY- ST- ZIP		
TITLE	14261 SW 120 ST, STE 113	
NAME	Miami, FL 33186	
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> 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 04/10/08 Daytime Phone # 305-598-0053