



# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 14, 2007 8:00 am**  
**Secretary of State**

05-14-2007 90365 002 \*\*\*\*55.00

<b>DOCUMENT # L05000082573</b> 1. Entity Name <b>PEOPLE &amp; ENTERPRISES, LLC</b>																																																																																																																													
Principal Place of Business <b>10400 NW 33RD STREET, SUITE 270</b> <b>MIAMI, FL 33172 US</b>				Mailing Address <b>10400 NW 33RD STREET, SUITE 270</b> <b>MIAMI, FL 33172 US</b>																																																																																																																									
2. Principal Place of Business - No P.O. Box # <b>8181 NW 36 ST</b>		3. Mailing Address <b>7105 SW 8ST</b>		  04272007 Chg-LLC CR2E083 (12/06)																																																																																																																									
Suite, Apt. #, etc. <b>16-B</b>		Suite, Apt. #, etc. <b>304</b>																																																																																																																											
City & State <b>MIAMI FL</b>		City & State <b>MIAMI FL</b>																																																																																																																											
Zip <b>33166</b>		Zip <b>33144</b>																																																																																																																											
4. FEI Number <b>20-3342620</b>				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable																																																																																																																									
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent  <b>ARIAS TOVAR, ILEANA ESQ</b> <b>ARIAS TOVAR &amp; ASSOCIATES, P.A.</b> <b>2250 NW 136TH AVENUE</b> <b>PEMBROKE PINES, FL 33028</b>																																																																																																																									
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>																																																																																																																													
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																																																													
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2007</b>		<b>Make check payable to</b> <b>Florida Department of State</b>																																																																																																																											
<div style="display: flex;"> <div style="flex: 1;"> <b>9. MANAGING MEMBERS/MANAGERS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">MGR</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>CASTRO SOSA, ALEXIS M</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>10400 NW 33RD STREET, SUITE 270</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33172</td> <td></td> </tr> <tr> <td>TITLE</td> <td>MGR</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SANZ DE CASTRO, ANA M</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>10400 NW 33RD STREET, SUITE 270</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33172</td> <td></td> </tr> <tr> <td>TITLE</td> <td>MGR</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>CASTRO SANZ, ALEXIS</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>10400 NW 33RD STREET, SUITE 270</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33172</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="flex: 1;"> <b>10. ADDITIONS/CHANGES</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  <b>8181 NW 36 ST STE 16-B</b>  <b>MIAMI, FL 33166</b> </td> <td style="width: 20%;"></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  <b>8181 NW 36 ST STE 16-B</b>  <b>MIAMI FL 33166</b> </td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  <b>8181 NW 36 ST STE 16-B</b>  <b>MIAMI, FL 33166</b> </td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	MGR	<input type="checkbox"/> Delete	NAME	CASTRO SOSA, ALEXIS M		STREET ADDRESS	10400 NW 33RD STREET, SUITE 270		CITY-ST-ZIP	MIAMI, FL 33172		TITLE	MGR	<input type="checkbox"/> Delete	NAME	SANZ DE CASTRO, ANA M		STREET ADDRESS	10400 NW 33RD STREET, SUITE 270		CITY-ST-ZIP	MIAMI, FL 33172		TITLE	MGR	<input type="checkbox"/> Delete	NAME	CASTRO SANZ, ALEXIS		STREET ADDRESS	10400 NW 33RD STREET, SUITE 270		CITY-ST-ZIP	MIAMI, FL 33172		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>8181 NW 36 ST STE 16-B</b> <b>MIAMI, FL 33166</b>		NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>8181 NW 36 ST STE 16-B</b> <b>MIAMI FL 33166</b>		NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>8181 NW 36 ST STE 16-B</b> <b>MIAMI, FL 33166</b>		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		
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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.																																																																																																																													
<b>SIGNATURE: <u>Alexis M. Castro</u></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																																																																																																																													
<div style="display: flex; justify-content: space-between;"> <span><b>4/30/07</b></span> <span><b>305 276 3443</b></span> </div> <small>Date Daytime Phone #</small>																																																																																																																													