


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90442 043 \*\*\*\*50.00

**DOCUMENT # L05000098969**

1. Entity Name  
**THE CABRERA GROUP LLC**



60031400

Principal Place of Business      Mailing Address  
**8558 GLENCAIRN LANE**      **8558 GLENCAIRN LANE**  
**MIAMI LAKES, FL 33016 US**      **MIAMI LAKES, FL 33016 US**



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

03292007    Chg-LLC    CR2E083 (12/06)

4. FEI Number      Applied For  
**20-3597162**       Not Applicable

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

6. Name and Address of Current Registered Agent

**MASSARD, LUZ M**  
**9669 GLENCAIRN LANE**  
**MIAMI LAKES, FL 33016**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

B. 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 \_\_\_\_\_

**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       Delete  
 NAME      **MASSARD, LUZ M**  
 STREET ADDRESS      **8558 GLENCAIRN LANE**  
 CITY-ST-ZIP      **MIAMI LAKES, FL 33016**

TITLE       Change       Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE       Delete  
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 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: Luzy M. Massard      Date: 3/31/07  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #