


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 18, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000109808

1. Entity Name
AIDA SALAZAR-REBULL & GABRIEL A. DELGADO, L.L.C.



Principal Place of Business 4953 SW 74TH CT. MIAMI, FL 33155	Mailing Address 4953 SW 74TH CT. MIAMI, FL 33155
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DO NOT WRITE IN THIS SPACE



01112007No Chg-LLC CR2E083 (11/05)

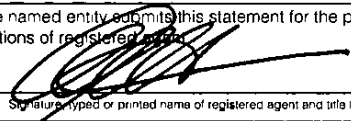
4. FEI Number 20-3793733	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**SALAZAR-REBULL, AIDA
 4953 SW 74TH CT.
 MIAMI, FL 33155**

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8. The above named entity admits 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  _____ DATE _____

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

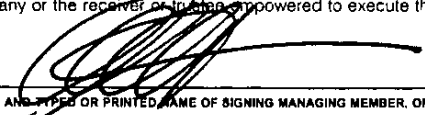
**Filing Fee is \$50.00
 Due by May 1, 2007**

000000592125
 01/19/07-80049-024 55.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SALAZAR-REBULL, AIDA 4953 SW 74TH CT. MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DELGADO, GABRIEL A 4953 SW 74TH CT. MIAMI, FL 33155
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TITLE 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.

SIGNATURE:  _____

Date: **1/11/07** Daytime Phone #: **305-562-0756**

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