


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90070 034 ****50.00

DOCUMENT # L05000113477

1. Entity Name
TWENTY FIRST CENTURY EVENTS, LLC



Principal Place of Business
**C/O NICOLAS FERNANDEZ, P.A.
 780 N.E. LE JEUNE ROAD, SUITE 324
 MIAMI, FL 33126**

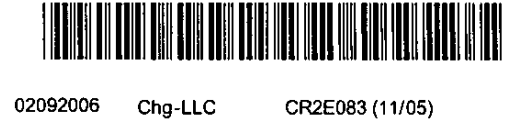
Mailing Address
**C/O NICOLAS FERNANDEZ, P.A.
 780 N.E. LE JEUNE ROAD, SUITE 324
 MIAMI, FL 33126**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country



6. Name and Address of Current Registered Agent

**ESQUIRE CORPORATE SERVICES, INC.
 780 NE LE JEUNE ROAD, SUITE 324
 MIAMI, FL 33126**

4. FEI Number Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ 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, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		MGR Edgar Lozano 780 NW LeJuene Road, Ste. 324 Miami, Florida 33126	
		MGR Nicole Lozano 780 NW LeJuene Road, Ste. 324 Miami, Florida 33126	
		MGR George Barquin 780 NW LeJuene Road, Ste. 324 Miami, Florida 33126	
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 of the receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.

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

Date _____ Daytime Phone # _____