


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 13, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000115276 1. Entity Name GRUPO AFORTUNADAS, LLC	
---	---

Principal Place of Business 2665 SW 37 AVENUE # 1407 MIAMI, FL 33133	Mailing Address 2665 SW 37 AVENUE # 1407 MIAMI, FL 33133
--	--

DO NOT WRITE IN THIS SPACE



07062007No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-3900970	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

FLEITAS, ROBERTO F
 782 N.W. LE JEUNE RD. #530
 MIAMI, FL 33126

DO NOT WRITE IN THIS SPACE

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 7-8-07

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

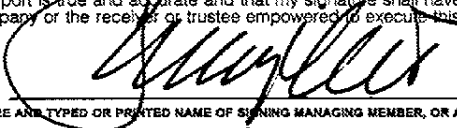
Filing Fee is \$50.00
Due by September 14, 2007

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CORZO, JORGE E 2665 SW 37 AVENUE # 1407 MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000768600
 07/13/07-80004-008 50.00

DO NOT WRITE IN THIS SPACE

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 7/11/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #