

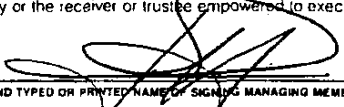
2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 06, 2006 8:00 am
Secretary of State

05-04-2006 90023 048 ****50.00

DOCUMENT # L05000118827 1. Entity Name VIGO ENTERPRISES, LLC					
Principal Place of Business 12950 NW 107 CT MIAMI FL 33178			Mailing Address 12950 NW 107 CT MIAMI FL 33178		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 20-4514244	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent RIOS, JOSE 12950 NW 107 CT MIAMI FL 33178				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 _____ (NOTE: Registered Agent's signature required when re-registering) DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RIOS, JOSE 11340 NW 68 STREET MIAMI FL 33178	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RIOS, LUCY 11340 NW 68 STREET MIAMI FL 33178	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GONZALEZ, JUAN M 11336 NW 66 ST MIAMI FL 33178	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GARCIA, MARIA T 11336 NW 66 STREET MIAMI FL 33178	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **Jose Rios** 4/26/06
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #