


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000122024		
1. Entity Name OSJ ENTERPRISES, L.L.C.		
Principal Place of Business 7452 S.W. 48TH STREET, SECOND FLOOR MIAMI, FL 33155	Mailing Address 7452 S.W. 48TH STREET, SECOND FLOOR MIAMI, FL 33155	



01082008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3985336	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GRUBER, PETER G
9100 SOUTH DADELAND BLVD., SUITE 910
ONE DATRAN CENTER
MIAMI, FL 33156

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD SANCHEZ, OSMUNDO JR. 6810 GRATIAN STREET CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MM RIVERA, DANIEL 8191 SW 144 STREET PALMETTO BAY, FL 33158
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MM BIANCHI, AUGUSTO 8101 SW 122 STREET MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MM BIANCHI, JULIO 15382 SW 15 LANE MIAMI, FL 33194
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/16/08-80028-003 143.75

**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 partner or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____

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

Date

Daytime Phone #

1/8/08 715 667 7888