


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000000581 1. Entity Name CHAZAR, LLC	
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Principal Place of Business 1020 SE 14 STREET HIALEAH, FL 33010	Mailing Address 1020 SE 14 STREET HIALEAH, FL 33010
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address	02192008	Chg-LLC	CR2E083 (12/06)
Suite, Apt. #, etc	Suite, Apt. #, etc.	4. FEI Number 20-4041716		
City & State	City & State	Applied For Not Applicable		
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ZARDOYA, JORGE
1020 SE 14 STREET
HIALEAH, FL 33010

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 signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS		Delete <input type="checkbox"/>
TITLE	MGRM	
NAME	ZARDOYA, JORGE	<input type="checkbox"/>
STREET ADDRESS	1020 SE 14 STREET	
CITY-ST-ZIP	HIALEAH, FL 33010	
TITLE	MGRM	<input type="checkbox"/>
NAME	ZARDOYA, MARIA I	<input type="checkbox"/>
STREET ADDRESS	1020 SE 14 STREET	
CITY-ST-ZIP	HIALEAH, FL 33010	
TITLE		<input type="checkbox"/>
NAME		<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS / CHANGES		Change <input type="checkbox"/>	Addition <input type="checkbox"/>
TITLE			
NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY-ST-ZIP			

U00000881326
04/15/08-80096-010 138.75

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:  **J. ZARDOYA, MGR** **2/20/08**

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