
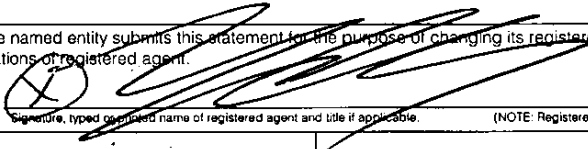
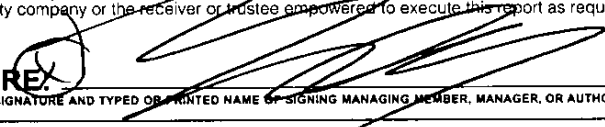


007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 23, 2007 8:00 am
Secretary of State

01-23-2007 90057 017 ***158.75

DOCUMENT # L06000001672			
1. Entity Name MET ENTERPRISES LLC			
Principal Place of Business 7800 SW 57 AVE. 207-C MIAMI, FL 33143 US		Mailing Address 7800 SW 57 AVE. 207-C MIAMI, FL 33143 US	
2. Principal Place of Business - No P.O. Box # 2011 SW 8th St Suite, Apt. #, etc.		3. Mailing Address 2901 SW 2nd Ave Suite, Apt. #, etc.	
City & State Miami FL		City & State Miami FL	
Zip 33135	Country USA	Zip 33129	Country USA
4. FFI Number 59-3821474		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 SOUSA, PATRICIA D 7800 SW 57 AVE. 207-C MIAMI, FL 33143		7. Name and Address of New Registered Agent Name: MAZZOTTA, MELISSA Street Address (P.O. Box Number is Not Acceptable): 2901 SW 2ND AVE City: MIAMI FL Zip Code: 33129	
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 1-10-07	
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MAZZOTTA, MELISSA C 7800 SW 57 AVE. SUITE 207-C MIAMI, FL 33143 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MAZZOTTA, MELISSA C 2901 SW 2ND AVE MIAMI, FL 33129 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE 		Date 1-10-07 Daytime Phone # 786-666-3826	