

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Apr 16, 2007 8:00 am
Secretary of State

02-12-2007 90308 044 ****55.00

DOCUMENT # L06000007436	
1. Entity Name JULIA VAZQUEZ ENTERPRISES LLC	



Principal Place of Business 2868 FALLING TREE CIRCLE ORLANDO, FL 32837	Mailing Address 2868 FALLING TREE CIRCLE ORLANDO, FL 32837
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 20-4153122	
City & State		City & State	
Zip	Country	Zip	Country



02042007	Chg-LLC	CR2E083 (12/06)
4. FEI Number 20-4153122		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	
VAZQUEZ, FRANCISCO JR 2868 FALLING TREE CIRCLE ORLANDO, FL 32837	

7. Name and Address of New Registered Agent	
Name Julia VAZQUEZ	
Street Address (P.O. Box Number is Not Acceptable) 2868 Falling Tree CR	
City Orlando	FL Zip Code 32837

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 <i>Julia Vazquez</i>	(NOTE: Registered Agent signature required when reinstating)	DATE
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**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	MGRM VAZQUEZ, FRANCISCO JR 2868 FALLING TREE CIRCLE ORLANDO, FL 32837 <input checked="" 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	MGRM VAZQUEZ, JULIA 2868 FALLING TREE CIRCLE ORLANDO, FL 32837 <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
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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: <i>Julia Vazquez</i>	Date	Daytime Phone #
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