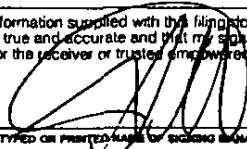


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

2/ FILED
Apr 19, 2007 8:00 am
Secretary of State

02-22-2007 90275 041 ****50.00

DOCUMENT # L06000018339 1. Entity Name A.M.T. SHAPES, LLC					
Principal Place of Business 1251 NW 154TH AVE PEMBROKE PINES, FL 33028			Mailing Address 1251 NW 154TH AVE PEMBROKE PINES, FL 33028		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number * 20-4337951	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent TOBON, ALEJANDRA M 1251 NW 154TH AVE PEMBROKE PINES, FL 33028			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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)					
Filing Fee is \$80.00 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	CEO TOBON, ALEJANDRA M 1251 NW 154TH AVE PEMBROKE PINES, FL 33028	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR TOBON, MONICA A 1251 NW 154TH AVE PEMBROKE PINES, FL 33028	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete			
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: 		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date 02/16/07 / 305 3369799		