



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90481 030 ****50.00

DOCUMENT # L06000019518 1. Entity Name SALINAS BROTHERS EXPRESS, LLC.					
Principal Place of Business 4039 OAK HAVEN DR LABELLE, FL 33935			Mailing Address P.O. BOX 72 LABELLE, FL 33975		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		01192007 Chg-LLC CR2E083 (12/06)	
Zip		Country		4. FEI Number 20-4360943	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent SALINAS, HIPOLITO JR 4039 OAK HAVEN DR LABELLE, FL 33935			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 _____					
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 SALINAS, HIPOLITO JR P.O. BOX 72 LABELLE, FL 33975	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SALINAS, HUMBERTO P.O. BOX 72 LABELLE, FL 33975	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SALINAS, HUMBERTO P.O. BOX 72 LABELLE, FL 33975	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SALINAS, HUMBERTO P.O. BOX 72 LABELLE, FL 33975	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SALINAS, HUMBERTO P.O. BOX 72 LABELLE, FL 33975	<input type="checkbox"/> 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 <i>Hipolito Salinas Jr.</i>			SIGNATURE <i>Hipolito Salinas Jr.</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date <i>1-30-07</i> Daytime Phone # <i>863-673-1163</i>		