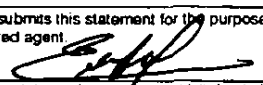
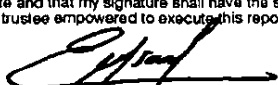


FILED
May 02, 2007 8:00 am
Secretary of State

04-09-2007 90352 026 ****50.00

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L06000020257			
1. Entity Name REJOICE DANCE MINISTRIES, LLC			
Principal Place of Business 3901 W. 18TH AVE. BAY # 903-A HIALEAH, FL 33012		Mailing Address 3901 W. 18TH AVE. BAY # 903-A HIALEAH, FL 33012	
2. Principal Place of Business - No P.O. Box # 2481 W 80th ST. Suite, Apt. #, etc.		3. Mailing Address 2481 W. 80th ST Suite, Apt. #, etc.	
City & State Hialeah, FL		City & State Hialeah, FL	
Zip 33016		Country US	
4. FEI Number 20-4421595		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		03022007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent OBRADOR, SUSY 3901 W. 18TH AVE. BAY # 903-A HIALEAH, FL 33012		7. Name and Address of New Registered Agent Name OBRADOR, SUSY Street Address (P.O. Box Number is Not Acceptable) 2481 W. 80th STREET City Hialeah FL Zip Code 33016	
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  SUSY OBRADOR 2/26/07 (NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$50.00 Due by May 9, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP MGR OBRADOR, SUSY 3901 W. 18TH AVE. BAY# 903-A HIALEAH, FL 33012		TITLE NAME STREET ADDRESS CITY - ST - ZIP OBRADOR, SUSY 2481 W 80th STREET Hialeah, FL 33016	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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:  2/26/07 305-558-2212 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			