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

JUUUb4UJ

03022007 Chg-LLC CR2E083 (12/06)

Principal Place of Business	Mailing Address
3901 W. 18TH AVE. BAY # 903-A HIALEAH, FL 33012	3901 W. 18TH AVE. BAY # 903-A HIALEAH, FL 33012
2. Principal Place of Business - No P.O. Box #: 2481 W 80th ST.	3. Mailing Address: 2481 W. 80th ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hialeah, FL.	City & State: Hialeah, FL
Zip: 33016 Country: US	Zip: 33016 Country: US

4. FEI Number: 20-4421595 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
OBRADOR, SUSY 3901 W. 18TH AVE. BAY # 903-A HIALEAH, FL 33012	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 [signature] SUSY OBRADOR 2/26/07
Signature, typed or printed name of registered agent and title if applicable (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 OBRADOR, SUSY 3901 W. 18TH AVE. BAY# 903-A HIALEAH, FL 33012	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	OBRADOR, SUSY 2481 W. 80 STREET Hialeah, FL 33016	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: [signature] 2/26/07 305-558-2212
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #