2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 26, 2007
Secretary of State

DOCUMENT# L06000030357

Entity Name: MKT ENTERPRISES, LLC

Current Principal Place of Business:

2256 WESTON ROAD
WESTON, FL 33326 US

New Principal Place of Business:

18831 BISCAYNE BLVD
AVENTURA, FL 33180 US

Current Mailing Address:

2256 WESTON ROAD
WESTON, FL 33326 US

New Mailing Address:

18831 BISCAYNE BLVD.
AVENTURA, FL 33180 US

FEI Number: 20-4567750 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FAKIRI, WALLI A
2256 WESTON ROAD
WESTON, FL 33326 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: GAMAA, MAHMOUD
Address: 2256 WESTON ROAD
City-St-Zip: WESTON, FL 33326 US

Title: MGRM ( ) Delete
Name: FAKIRI, WALLI A
Address: 2256 WESTON ROAD
City-St-Zip: WESTON, FL 33326 US

Title: MGRM ( ) Delete
Name: ABDALLA, KHALED
Address: 2256 WESTON ROAD
City-St-Zip: WESTON, FL 33326 US

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: WALLI A FAKIRI MGRM 01/26/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date