


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 28, 2007 8:00 am
Secretary of State

02-28-2007 90147 028 ****50.00

DOCUMENT # L06000039747 1. Entity Name ALFREDO FERRER INDEPENDENT SERVICES, LIMITED LIABILITY COMPANY	
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Principal Place of Business 52 EAST 28TH STREET RIVIERA BEACH FL 33404	Mailing Address 52 EAST 28TH STREET RIVIERA BEACH FL 33404
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2. Principal Place of Business - No P.O. Box.# 5263 Palm Brooke Circle Suite, Apt. #, etc.	3. Mailing Address 5263 Palm Brooke Circle Suite, Apt. #, etc.
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1st MOORE CR2E083 (10/06)

City & State West Palm Beach	City & State West Palm Beach
Zip 33417	Zip 33417
Country U.S.A.	Country U.S.A.

4. FEI Number N/A	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent LEMOINE, KENNETH L 712 NORTH OLIVE AVENUE WEST PALM BEACH FL 33401	correct
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7. Name and Address of New Registered Agent	
Name N/A	
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 registering) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS	
TITLE MGR <input checked="" type="checkbox"/> Delete	NAME FERRER, ALFREDO
STREET ADDRESS 52 EAST 28TH STREET	CITY-ST-ZIP RIVIERA BEACH FL 33404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE MGR <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME FERRER, ALFREDO
STREET ADDRESS 5263 Palm Brooke Circle	CITY-ST-ZIP WAB, FL 33417
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Alfredo Ferrer
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #