


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90369 042 ****50.00

DOCUMENT # L06000044108	
1. Entity Name D'JEREZ INTERIORS	

Principal Place of Business 705 11TH ST. SUITE 9 MIAMI BEACH, FL 33140	Mailing Address 705 11TH ST. SUITE 9 MIAMI BEACH, FL 33139
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60038709



2. Principal Place of Business - No P.O. Box # 1056 Euclid Ave Suite, Apt. #, etc. 1	3. Mailing Address 1056 Euclid Ave Suite, Apt. #, etc.
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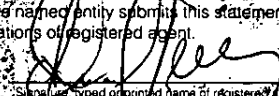
04122007 Chg-LLC CR2E083 (12/06)

City & State Miami Beach FL	City & State Miami Beach, FL
Zip 33139	Zip 33139
Country US	Country US

4. FEI Number 20-4789581	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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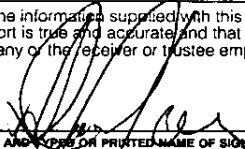
6. Name and Address of Current Registered Agent DE LOS SANTOS, DAVID 705, 11TH ST. SUITE 9 MIAMI BEACH, FL 33139	7. Name and Address of New Registered Agent Name: David De los Santos Street Address (P.O. Box Number is Not Acceptable): 1056 Euclid Ave # 1 City: Miami Beach FL Zip Code: 33139
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8. 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: 	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 P	NAME DE LOS SANTOS, DAVID	TITLE	NAME David De los Santos
STREET ADDRESS 705 11TH ST.	CITY-ST-ZIP MIAMI BEACH, FL 33139	STREET ADDRESS 1056 Euclid Ave # 1	CITY-ST-ZIP Miami Beach, FL 33139
<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete		<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 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: 	DATE: MGRM