


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
 4/ May 09, 2007 8:00 am
 Secretary of State

04-16-2007 90346 013 ****50.00

DOCUMENT # L06000052916			
1. Entity Name FAMA HOLDINGS LLC			
Principal Place of Business 12362 S.W. 99TH STREET MIAMI, FL 33186		Mailing Address 12362 S.W. 99TH STREET MIAMI, FL 33186	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

30007272



01302007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-4921926		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent LOPEZ-AGUIAR, HENRY A ESQ 9415 SUNSET DRIVE SUITE 119 MIAMI, FL 33173		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		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 re-registering) 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 MORENO, MARIO J 12362 S.W. 99TH STREET MIAMI, FL 33186 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MORENO, FATIMA J 12362 S.W. 99TH STREET MIAMI, FL 33186 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Mario J. Moreno [Signature] 3/8/07
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #