

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # L06000061530

1. Entity Name  
ROMANCE BALLROOM CATERING, LLC



Principal Place of Business  
1570 WEST 43RD PLACE, #34  
HIALEAH, FL 33012

Mailing Address  
1570 WEST 43RD PLACE, #34  
HIALEAH, FL 33012

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

05042007 Chg-LLC CR2E083 (12/06)

4. FEI Number

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

ALONSO, LAZARO  
1570 WEST 43RD PLACE, #34  
HIALEAH, FL 33012

Name MARIO P CRUZ

Street Address (P.O. Box Number is Not Acceptable)

7305 W 2 court

City Hialeah

FL Zip Code 33014

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 block - printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when remitting)

DATE 05/04/2007

Filing Fee is \$50.00  
Due by September 14, 2007

Make check payable to  
Florida Department of State

BK

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES		
TITLE	MGRM	<input checked="" type="checkbox"/> Delete	TITLE	MGRM
NAME	ALONSO, LAZARO		NAME	Jorge G. Quirantes
STREET ADDRESS	1570 WEST 43RD PLACE, #34		STREET ADDRESS	7305 W 2 court
CITY-ST-ZIP	HIALEAH, FL 33012		CITY-ST-ZIP	FLA FC 33014
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CRUZ, MARIO P		NAME	
STREET ADDRESS	1570 WEST 43RD PLACE, #34		STREET ADDRESS	
CITY-ST-ZIP	HIALEAH, FL 33012		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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 AND PRINTED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

05/04/2007

Date

Daytime Phone #