

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90318 023 ****55.00

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DOCUMENT # L06000067881 1. Entity Name DESOTOS ENTERPRISES, L.L.C.					
Principal Place of Business 4390 SW 14TH ST. CORAL GABLES, FL 33134			Mailing Address 4390 SW 14TH ST. CORAL GABLES, FL 33134		
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	4. FEI Number 01102007 Chg-LLC CR2E083 (12/06)	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CACCIAVILLANI, RAFAEL 4390 SW 14TH ST. CORAL GABLES, FL 33134			7. Name and Address of New Registered Agent Name _____ 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 reconstituting) 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	MANAGING MEMBER <input type="checkbox"/> Delete HORACIO SOTO 4390 SW 14TH ST CORAL GABLES, FL 33134		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"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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 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: <u>HORACIO SOTO</u> <u>HORACIO SOTO</u> <u>4/27/07</u> <u>(305) 446-3879</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

ATTACHMENT**ATTN: EIN OPERATIONS CENTER**
FAX N° 1-631-447-8960

Form **SS-4**
(Rev. February 2006)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number
(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)
▶ See separate instructions for each line. ▶ Keep a copy for your records.

OMB No. 1545-0003
EIN

Type or print clearly.

1 Legal name of entity (or individual) for whom the EIN is being requested
DESOTOS ENTERPRISES, LLC.,

2 Trade name of business (if different from name on line 1)

3 Executor, administrator, trustee, "care of" name

4a Mailing address (room, apt., suite no. and street, or P.O. box)
4390 SW 14TH STREET

4b City, state, and ZIP code
CORAL GABLES, FLORIDA 33134

4c County and state where principal business is located
MIAMI-DADE, FLORIDA

5a Street address (if different) (Do not enter a P.O. box.)

5b City, state, and ZIP code

6 County and state where principal business is located

7a Name of principal officer, general partner, grantor, owner, or trustor
HORACIO SOTO

7b SSN, ITIN, or EIN

8a Type of entity (check only one box)
☐ Sole proprietor (SSN) _____
☐ Partnership _____
☐ Corporation (enter form number to be filed) ▶ **1120**
☐ Personal service corporation
☐ Church or church-controlled organization
☐ Other nonprofit organization (specify) ▶ _____
☒ Other (specify) ▶ **LLC**
☐ Estate (SSN of decedent) _____
☐ Plan administrator (SSN) _____
☐ Trust (SSN of grantor) _____
☐ National Guard ☐ State/local government
☐ Farmers' cooperative ☐ Federal government/military
☐ REMIC ☐ Indian tribal governments/enterprises
 Group Exemption Number (GEN) ▶ _____

8b If a corporation, name the state or foreign country (if applicable) where incorporated
 State **FLORIDA**
 Foreign country _____

9 Reason for applying (check only one box)
☒ Started new business (specify type) ▶ _____
☐ Hired employees (Check the box and see line 12.)
☐ Compliance with IRS withholding regulations
☐ Other (specify) ▶ _____
☐ Banking purpose (specify purpose) ▶ _____
☐ Changed type of organization (specify new type) ▶ _____
☐ Purchased going business
☐ Created a trust (specify type) ▶ _____
☐ Created a pension plan (specify type) ▶ _____

10 Date business started or acquired (month, day, year). See instructions.
JULY 6, 2007

11 Closing month of accounting year
DECEMBER

12 First date wages or annuities were paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)
▶ **N/A**

13 Highest number of employees expected in the next 12 months (enter -0- if none).
 Do you expect to have \$1,000 or less in employment tax liability for the calendar year? ☐ Yes ☒ No. (If you expect to pay \$4,000 or less in wages, you can mark yes.)
 Agricultural **0** Household **0** Other **0**

14 Check one box that best describes the principal activity of your business.
☐ Construction ☒ Rental & leasing ☐ Transportation & warehousing ☐ Health care & social assistance ☐ Wholesale-agent/broker
☐ Real estate ☐ Manufacturing ☐ Finance & insurance ☐ Accommodation & food service ☐ Wholesale-other ☐ Retail
☐ Other (specify) _____

15 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided.
APARTMENT RENTAL

16a Has the applicant ever applied for an employer identification number for this or any other business? ☐ Yes ☒ No
 Note: If "Yes," please complete lines 16b and 16c.

16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.
 Legal name ▶ _____ Trade name ▶ _____

16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.
 Approximate date when filed (mo., day, year) _____ City and state where filed _____ Previous EIN _____

Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.

Third Party Designee
 Designee's name **RAFAEL L CACCIIVILLANI**
 Address and ZIP code **P.P. BOX 14-3679; CORAL GABLES, FL 33114-3879**
 Designee's telephone number (include area code) **(305) 446-3879**
 Designee's fax number (include area code) **(305) 569-0777**

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (type or print clearly) ▶ **HORACIO SOTO**

Signature ▶ *Horacio Soto* Date ▶ **4/23/07**

Applicant's telephone number (include area code) **(305) 446-3879**
 Applicant's fax number (include area code) **(305) 569-0777**

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 16055N Form **SS-4** (Rev. 2-2006)