2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Secretary of State
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DOCUMENT # L06000067881

1. Entity Name
DESOTOS ENTERPRISES, L.L.C.

Principal Place of Business	Mailing Address
4390 SW 14TH ST. CORAL GABLES, FL 33134	4390 SW 14TH ST. CORAL GABLES, FL 33134

02192008 Chg-LLC CR2E083 (12/06)

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: APPLIED FOR ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CACCIAVILLANI, RAFAEL 4390 SW 14TH ST. CORAL GABLES, FL 33134	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 ______________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SOTO, HORACIO 4390 SW 14 ST CORAL GABLES, FL 33134 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: Horacio Soto HORACIO SOTO (MGRM) 4/23/08 (305) 446-3879
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

09:100 FROM:IGNACIO B RIVADENEIR 305-553-1224 TO:3055690777 P.2

ATTACHMENT 66034377 ATTN: EIN OPERATIONS CENTER
FAX NO 1-631-447-8960

Form SS-4 Application for Employer Identification Number

(Rev. February 2006)
Department of the Treasury
Internal Revenue Service

(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

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

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

5b City, state, and ZIP code

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

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).

Agricultural	Household	Other
0	0	0

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.)

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

Third Party Designee

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.

Designee's name: RAFAEL L CACCIAVILLANI
Designee's telephone number (include area code): (305) 446-3879
Address and ZIP code: P.P. BOX 14-3679, CORAL GABLES, FL 33114-3679
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.
Applicant's telephone number (include area code): (305) 446-3875
Name and title (type or print clearly) ▶ HORACIO SOTO
Applicant's fax number (include area code): (305) 569-0777
Signature ▶ Horacio Soto Date ▶ 4/23/07

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

ATTACHMENT 60034377

#206000067881

Form **1120**
Department of the Treasury
Internal Revenue Service

U.S. Corporation Income Tax Return

For calendar year 2007 or tax year beginning _____, 2007, ending _____, _____
► See separate instructions.

OMB No. 1545-0123

2007

A Check if:
1 a Consolidated return (attach Form 851) ☐
b Life/nonlife consolidated return ☐
2 Personal holding co (attach Sch PH) ☐
3 Personal service corp (see instr) ☐
4 Schedule M-3 attached ☐

Use IRS label. Otherwise, print or type.

Name: DESOTO ENTERPRISES, L.L.C.

Number, street, and room or suite number. If a P.O. box, see instructions.: 4390 SW 14TH ST

City or town: MIAMI — State: FL — ZIP code: 33134

B Employer identification number: Applied for

C Date incorporated: 07/06/2006

D Total assets (see instructions): $ 0.

E Check if: (1) X Initial return (2) ☐ Final return (3) ☐ Name change (4) ☐ Address change

INCOME	1 a Gross receipts or sales 0. b Less returns & allowances c Balance ►		1c	0.
	2 Cost of goods sold (Schedule A, line 8)		2	
	3 Gross profit. Subtract line 2 from line 1c		3	0.
	4 Dividends (Schedule C, line 19)		4	
	5 Interest		5	
	6 Gross rents		6	
	7 Gross royalties		7	
	8 Capital gain net income (attach Schedule D (Form 1120))		8	
	9 Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797)		9	
	10 Other income (see instructions — attach schedule)		10	
	11 **Total income.** Add lines 3 through 10 ►		11	0.
DEDUCTIONS (SEE INSTRUCTIONS FOR LIMITATIONS ON DEDUCTIONS)	12 Compensation of officers (Schedule E, line 4)		12	
	13 Salaries and wages (less employment credits)		13	
	14 Repairs and maintenance		14	4,003.
	15 Bad debts		15	
	16 Rents		16	
	17 Taxes and licenses		17	4,754.
	18 Interest		18	
	19 Charitable contributions		19	
	20 Depreciation from Form 4562 not claimed on Schedule A or elsewhere on return (attach Form 4562)		20	
	21 Depletion		21	
	22 Advertising		22	
	23 Pension, profit-sharing, etc, plans		23	
	24 Employee benefit programs		24	
	25 Domestic production activities deduction (attach Form 8903)		25	
	26 Other deductions (attach schedule) ..See Other Deductions Statement		26	8,660.
	27 **Total deductions.** Add lines 12 through 26 ►		27	17,417.
	28 Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11		28	-17,417.
	29 Less: a Net operating loss deduction (see instructions) 29a			
	b Special deductions (Schedule C, line 20) 29b		29c	
TAX AND PAYMENTS	30 **Taxable income.** Subtract line 29c from line 28 (see instructions)		30	-17,417.
	31 **Total tax** (Schedule J, line 10)		31	
	32 a 2006 overpayment credited to 2007 32a			
	b 2007 estimated tax payments 32b			
	c 2007 refund applied for on Form 4466 32c d Bal► 32d			
	e Tax deposited with Form 7004 32e			
	f Credits: (1) Form 2439 (2) Form 4136 32f		32g	
	33 Estimated tax penalty (see instructions). Check if Form 2220 is attached ► ☐		33	
	34 **Amount owed.** If line 32g is smaller than the total of lines 31 and 33, enter amount owed		34	
	35 **Overpayment.** If line 32g is larger than the total of lines 31 and 33, enter amount overpaid		35	
	36 Enter amount from line 35 you want: Credited to 2008 estimated tax ► Refunded ►		36	

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer — Date: 04/23/07 — Title: Management Member

May the IRS discuss this return with the preparer shown below (see instructions)? ☐ Yes ☐ No

Paid Preparer's Use Only

Preparer's signature: Ignacio B Rivadeneira	Date: 04/24/08	Check if self-employed ☒	Preparer's SSN or PTIN: 264-23-2876
Firm's name (or yours if self-employed), address, and ZIP code: IGNACIO B. RIVADENEIRA, 8390 S.W. 41ST TERRACE, MIAMI FL 33155			EIN: Phone no. (305) 553-2154

BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. CPCA0212 12/27/07 Form **1120** (2007)

ATTACHMENT 60034379

#L96000067881 Applied for

Form 1120 (2007) DESOTO ENTERPRISES, L.L.C.

Schedule L Balance Sheets per Books

Assets	Beginning of tax year (a)	Beginning of tax year (b)	End of tax year (c)	End of tax year (d)
1 Cash				0.
2a Trade notes and accounts receivable				
b Less allowance for bad debts				
3 Inventories				
4 U.S. government obligations				
5 Tax-exempt securities (see instructions)				
6 Other current assets (attach schedule)				
7 Loans to shareholders				
8 Mortgage and real estate loans				
9 Other investments (attach schedule)				
10a Buildings and other depreciable assets				
b Less accumulated depreciation				
11a Depletable assets				
b Less accumulated depletion				
12 Land (net of any amortization)				
13a Intangible assets (amortizable only)				
b Less accumulated amortization				
14 Other assets (attach schedule)				
15 Total assets				0.
Liabilities and Shareholders' Equity				
16 Accounts payable				
17 Mortgages, notes, bonds payable in less than 1 year				
18 Other current liabilities (attach sch)				
19 Loans from shareholders				17,417.
20 Mortgages, notes, bonds payable in 1 year or more				
21 Other liabilities (attach schedule)				
22 Capital stock: a Preferred stock				
b Common stock				
23 Additional paid-in capital				
24 Retained earnings — Approp (att sch)				
25 Retained earnings — Unappropriated				-17,417.
26 Adjmnt to shareholders' equity (att sch)				
27 Less cost of treasury stock				
28 Total liabilities and shareholders' equity				0.

Schedule M-1 Reconciliation of Income (Loss) per Books With Income per Return

Note: Schedule M-3 required instead of Schedule M-1 if total assets are $10 million or more — see instructions

1 Net income (loss) per books	-17,417.	7 Income recorded on books this year not included on this return (itemize): Tax-exempt interest $	
2 Federal income tax per books	0.		
3 Excess of capital losses over capital gains			
4 Income subject to tax not recorded on books this year (itemize):		8 Deductions on this return not charged against book income this year (itemize): a Depreciation $ b Charitable contributions $	
5 Expenses recorded on books this year not deducted on this return (itemize): a Depreciation $ b Charitable contributions $ c Travel & entertainment $			
6 Add lines 1 through 5	-17,417.	9 Add lines 7 and 8	
		10 Income (page 1, line 28) — line 6 less line 9	-17,417.

Schedule M-2 Analysis of Unappropriated Retained Earnings per Books (Line 25, Schedule L)

1 Balance at beginning of year		5 Distributions a Cash	
2 Net income (loss) per books	-17,417.	b Stock c Property	
3 Other increases (itemize):		6 Other decreases (itemize):	
		7 Add lines 5 and 6	
4 Add lines 1, 2, and 3	-17,417.	8 Balance at end of year (line 4 less line 7)	-17,417.

ATTACHMENT

#100034377

#C06000067881

Florida Corporate Short Form Income Tax Return

For tax year beginning on or after January 1, 2007

INTU
F-1120A
R 01/08

Rule 12C-1.051
Florida Administrative Code
Effective 01/08

Signature and Verification

An officer of the entity who is authorized to sign for that entity must sign all returns. An **original signature** is required. A photocopy, facsimile, or stamp will not be accepted. A receiver, trustee, or assignee must sign any return required to be filed on behalf of any organization.

Any person, firm, or corporation who prepares a return for compensation must also sign the return and provide the preparer's federal employer identification number (FEIN) or preparer tax identification number (PTIN).

Make check payable and mail to:
FLORIDA DEPARTMENT OF REVENUE, 5050 W TENNESSEE STREET, TALLAHASSEE, FL 32399-0135

If you are requesting a **refund** (Line 9b), send your return to:
FLORIDA DEPARTMENT OF REVENUE, P.O. BOX 6440, TALLAHASSEE, FL 32314-6440

Do Not Detach

Florida Corporate Short Form Income Tax Return INTU **AF-1120A** R 01/08

Under penalties of perjury, I declare that I have examined this return and to the best of my knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer, the declaration is based on all information of which the preparer has any knowledge.

Signature of Officer	Date	Preparer's PTIN [✓] or FEIN [X] (Check one)	Phone
	4/23/08	264-23-2876	305-553-2154

Signature of Individual or Firm Preparing the Return — Date 04/24/08 — Phone (305)-553-2154

FEIN Applied for — Taxable Year Beginning 01/01/07 — Taxable Year Ending 12/31/07

Name DESOTO ENTERPRISES, L.L.C.

FLCA0812 09/04/07

Address 4390 SW 14TH ST

Address

City/State/ZIP MIAMI FL 33134

DOR Use Only

000000000	0	1	01
20070101	-1741700		0
20071231	0	1	0
0	0	531111	0
-1741700	0	2	0
0	0	2	0
000	0	0	0
0	0	0	0

0 8824 0 20071231 0002005043 2 3000000000 0000 9

ATTACHMENT 600334377

Form F-1120A R 01/08 DESOTO ENTERPRISES, L.L.C. #L06000067881 Applied for Page 2 INTU

1	**Federal taxable income**	-17,417.
2	**Plus (+)** Federal NOLD + state income tax	
3	**Less (-)** Florida NOLD	
4	**Less (-) Florida exemption**	0.
5	**Equals (=)** Florida net income	-17,417.
6	**Tax due: 5.5% of Line 5**	0.
7	**Less (-)** Payment credits	
8	**Plus (+)** Penalty and interest (See instructions)	
9	**Total amount due or overpayment** (Complete Line 9a or 9b for overpayments)	0.

☐ **9a CREDIT** ☐ **9b REFUND**

	Yes	No		
A	X		Incorporated in Florida? Other	
B	X		Registered with Florida Secretary of State? Document number L06000067881	
C		X	A Florida extension of time was timely filed?	
D		X	Corporation paid federal tax on Line 22c of federal Form 1120S?	
E		X	Corporation is a member of a controlled group as defined by section 1563, IRC?	
	I	F		
F	X		Mark box 'I' if this is an initial return and/or mark box 'F' if this is a final return (ceased business/operations).	

G Amount of state income taxes included in F-1120A, Line 2. If none, enter zero (0) .... $ 0.

H Enter date of latest IRS audit. List years examined .....

I Principal Business Activity Code (as pertains to Florida) 531111

J Type of federal return filed ..... Form 1120

All taxpayers are required to answer questions A through J above