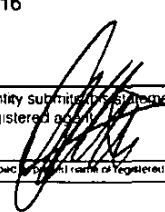
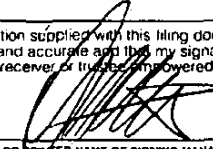


FILED
May 29, 2007 8:00 am
Secretary of State

04-23-2007 90368 014 ****55.00

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L06000068269					
1. Entity Name DELGADO BROTHERS HOLDINGS, LLC					
Principal Place of Business 6450 W 21 CT STE 301 HIALEAH, FL 33016			Mailing Address 6450 W 21 CT STE 301 HIALEAH, FL 33016		
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	
				03222007 Chg-LLC CR2E083 (12/06)	
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required				☒ Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DELGADO, OSCAR J 6450 W 21 CT STE 301 HIALEAH, FL 33016			Name <u>Oscar J. Delgado</u> Street Address (P.O. Box Number is Not Acceptable) <u>16719 SW 54 Ct.</u> City <u>Miramar</u> FL <u>33027</u>		
8. The above named entity submits this report 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 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 DELGADO, OSCAR J 6450 W 21 CT STE 301 HIALEAH, FL 33016 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Delgado, oscar J 15476 NW 77 COURT, #705 MIAMI LAKES, FL 33016 ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DELGADO, JOSE M 6450 W 21 CT STE 301 HIALEAH, FL 33016 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Delgado, JOSE M 10476 NW 77 COURT, #705 MIAMI LAKES, FL 33016 ☒ 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		
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:  (NOTE: Registered Agent signature required when registering) DATE					