

# 2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED

07 MAY 23 PM 12:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # L06000078596**

1. Entity Name  
**ANA MARIA TORRES, PLLC.**



Principal Place of Business  
**5700 COLLINS AVENUE  
12K  
MIAMI BEACH, FL 33140**

Mailing Address  
**5700 COLLINS AVENUE  
12K  
MIAMI BEACH, FL 33140**

2. Principal Place of Business - No P.O. Box #  
**112 NE 111th Street**

3. Mailing Address  
**112 NE 111th St**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05072007 Chg-LLC CR2E083 (12/06)

City & State  
**Miami Shores FL**

City & State  
**Miami Shores FL**

4. FEI Number  
**20-5351488**

Applied For  
 Not Applicable

Zip  
**33161**

Country  
**USA**

Zip  
**33161**

Country  
**USA**

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

**6. Name and Address of Current Registered Agent**

**TORRES, ANA MARIA  
5700 COLLINS AVENUE  
12K  
MIAMI BEACH, FL 33140**

**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

*[Signature]*

**Ana maria Torres MGR**

**5/7/07**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Amended AR is \$50.00**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE <b>MGR</b>	<input type="checkbox"/> Delete
NAME <b>TORRES, ANA MARIA</b>	
STREET ADDRESS <b>5700 COLLINS AVENUE APT-12K</b>	
CITY-ST-ZIP <b>MIAMI BEACH, FL 33140</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**10. ADDITIONS/CHANGES**

TITLE <b>MGR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>TORRES, ANA MARIA</b>	
STREET ADDRESS <b>112 NE 111th Street</b>	
CITY-ST-ZIP <b>Miami Shores FL 33161</b>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

200103738582  
06/01/07 01055 027 \*\$50.00

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]*

**Ana maria Torres MGR**

**5/7/07**

**(305) 754-2251**

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

Date

Daytime Phone #