

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 03, 2008 8:00 am**  
**Secretary of State**

03-03-2008 90405 048 \*\*\*138.75

DOCUMENT # L06000079496

1. Entity Name  
CC1 CARIBBEAN IMPORTERS LLC



Principal Place of Business  
3201 N.W. MILAM DAIRY ROAD  
MIAMI, FL 33122 US

Mailing Address  
3201 N.W. MILAM DAIRY ROAD  
MIAMI, FL 33122 US

60012127

2. Principal Place of Business - No P.O. Box #  
220 ALHAMBRA CIRCLE

3. Mailing Address  
220 ALHAMBRA CIRCLE

Suite, Apt. #, etc.  
SUITE 304

Suite, Apt. #, etc.  
SUITE 304

02272008 Chg-LLC CR2E083 (12/06)

City & State  
CORAL GABLES, FL

City & State  
CORAL GABLES, FL

4. FEI Number  
20-5776318

Applied For  
Not Applicable

Zip  
33134

Country  
USA

Zip  
33134

Country  
USA

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

## 6. Name and Address of Current Registered Agent

MURAI WALD BIONDO MORENO & BROCHIN, P.A.  
TWO ALHAMBRA PLAZA  
PENTHOUSE 1-B  
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

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

TITLE MGRM ☐ Delete  
NAME DE LA CRUZ, CARLOS M SR.  
STREET ADDRESS 3201 MILAM DAIRY ROAD  
CITY-ST-ZIP MIAMI, FL 33122

TITLE MGRM ☐ Delete  
NAME DE LA CRUZ, ALBERTO E  
STREET ADDRESS 107 RD. 174 URB. IND. MINILLAS  
CITY-ST-ZIP BAYAMON, PR 00959

TITLE MGRM ☐ Delete  
NAME KADRE, MANUEL  
STREET ADDRESS 3201 MILAM DAIRY ROAD  
CITY-ST-ZIP MIAMI, FL 33122

TITLE MGRM ☐ Delete  
NAME TOVAR, ROGER  
STREET ADDRESS 107 RD. 174 URB. IND. MINILLAS  
CITY-ST-ZIP BAYAMON, PR 00959

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 220 ALHAMBRA CIRCLE, SUITE 304  
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 220 ALHAMBRA CIRCLE, SUITE 304  
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

MANUEL KADRE

(305) 446-1882

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

Date

Daytime Phone #