


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 26, 2007 8:00 am
Secretary of State

07-26-2007 90010 008 ****50.00

DOCUMENT # L06000080428

1. Entity Name
JUAN ALEGRIA REPAIRS AND SERVICES L.L.C.



Principal Place of Business
920 NE 137TH STREET
NORTH MIAMI, FL 33161

Mailing Address
920 NE 137TH STREET
NORTH MIAMI, FL 33161

60053468



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

02202007 Chg-LLC CR2E083 (12/06)

City & State

4. FEI Number
20-5380655

Applied For
 Applied For
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

ALEGRIA, JUAN
920 NE 137TH STREET
NORTH MIAMI, FL 33161

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 reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

Make check payable to
Florida Department of State

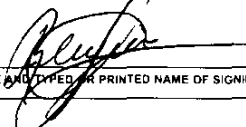
9. MANAGING MEMBERS/MANAGERS

| | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM ALEGRIA, JUAN 920 NE 137TH STREET NORTH MIAMI, FL 33161 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR CANTO, RICHARD A 920 NE 137TH STREET NORTH MIAMI, FL 33161 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

10. ADDITIONS/CHANGES

| | | |
|--|--|---|
| 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"/> 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: 

07-16-07 (305) 892-6329