

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000080574

Entity Name: MIRANDA PREMIUM, LLC

FILED
Apr 30, 2008
Secretary of State

Current Principal Place of Business:

7500 NW 54 STREET
MIAMI, FL 33166

New Principal Place of Business:

Current Mailing Address:

7500 NW 54 STREET
MIAMI, FL 33166

New Mailing Address:

FEI Number: 20-5376491

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUIZ, LUIS A
2775 NE 187 STREET
603
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: EDUARDO, RUIZ
Address: 1275 NW 140 TERRACE
City-St-Zip: PEMBROKE PINES, FL 33028

Title: MGRM () Delete
Name: RUIZ, LUIS A
Address: 2775 NE 187 AVE # 603
City-St-Zip: AVENTURA, FL 33180

Title: MGR () Delete
Name: BINETTI, DOMINICK
Address: 2731 TAFT ST # 307
City-St-Zip: HOLLYWOOD, FL 33020

Title: MGR () Delete
Name: SOLER, CHAEL
Address: 867 GARNET CIRCLE
City-St-Zip: WESTON, FL 33326

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LUIS A RUIZ

MGR

04/30/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date