

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90354 032 ****50.00

DOCUMENT # L06000084301

1. Entity Name
HANDS OF COLIBRI PUBLISHING AND INVESTMENT, LLC



Principal Place of Business
222 CALABRIA AVE.
7
CORAL GABLES, FL 33134 US

Mailing Address
222 CALABRIA AVE.
7
CORAL GABLES, FL 33134 US

60034318



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03312007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

16-1770835

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

7. Name and Address of New Registered Agent

NAVARRO, JOSE A
222 CALABRIA AVE.
7
CORAL GABLES, FL 33134

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 or officer (Not Applicable)

(NOTE: Registered Agent signature required when reissuing)

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
NAVARRO, JOSE A
222 CALABRIA AVE.
CORAL GABLES, FL 33134

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

14462 SW 12th LN
Miami, FL 33184

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
RETE, MAYLIN
222 CALABRIA AVE.
CORAL GABLES, FL 33134

☐ Delete

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STREET ADDRESS
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☐ 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:

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

04/04/07 305-395 7734

Date

Daytime Phone #