

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 15, 2007 8:00 am
Secretary of State

04-23-2007 90369 033 ****50.00

DOCUMENT # L06000090081					
1. Entity Name H O R J ENTERPRISES, LLC					
Principal Place of Business 10825 N.W. 29TH STREET DORAL, FL 33172 US			Mailing Address 10825 N.W. 29TH STREET DORAL, FL 33172 US		
2. Principal Place of Business - No P.O. Box # 2051 NW 112th Avenue		3. Mailing Address 2051 NW 112th Avenue			
Suite, Apt. #, etc. Suite 121		Suite, Apt. #, etc. Suite 121			
City & State Miami, FL		City & State Miami, FL			
Zip 33172		Country USA		Zip 33172	
Country USA		Country USA			
4. FEI Number 13-4343003					
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent REY, HERNAN A 10825 N.W. 29TH STREET DORAL, FL 33172					
7. Name and Address of New Registered Agent Name: Rey Hernan A. Street Address (P.O. Box Number is Not Acceptable): 2051 NW 112th Avenue, Suite 121 City: Miami, FL Zip Code: 33172					
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: DATE: 04/18/07					
(NOTE: Registered Agent signature required when renewing)					
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	MGRM JAIMES, OMAR 5440 NO STATE ROAD 7 SUITE 226 FORT LAUDERDALE, FL 33319	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM REY, HERNAN 10825 N.W. 29TH STREET DORAL, FL 33172	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM REY, HERNAN 10825 N.W. 29TH STREET DORAL, FL 33172	☐ Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM REY, HERNAN 10825 N.W. 29TH STREET DORAL, FL 33172	☐ Delete			
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: DATE: 04/18/07 (305) 718-8710					
(Signature and Printed or Priced Name of Existing Managing Member, Manager, or Authorized Representative)					