


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 14, 2007 8:00 am
Secretary of State

08-14-2007 90026 032 ****50.00

DOCUMENT # L06000091820

1. Entity Name
JORGE AND SONS LLC



Principal Place of Business
3799 SW 148 CT
MIAMI, FL 33185 US

Mailing Address
3799 SW 148 CT
MIAMI, FL 33185 US

2. Principal Place of Business - No P.O. Box #
3799 SW 148 Ct.
 Suite, Apt. #, etc.

3. Mailing Address
3799 SW 148 Ct.
 Suite, Apt. #, etc.

City & State
Miami, FL

City & State
Miami, FL

Zip
33185

Country
U.S.

Zip
33185

Country
US



07022007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-5585710

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

DARIAS, DENIS
3799 SW 148 CT
MIAMI, FL 33185

7. Name and Address of New Registered Agent

Name
Jorge B. Garcia

Street Address (P.O. Box Number is Not Acceptable)
3799 SW 148 Ct

City
Miami

FL Zip Code
33185

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]* DATE: **7/10/07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00
Due by September 14, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DARIAS, DENIS 3799 SW 148 CT MIAMI, FL 33185	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GARCIA, JORGE 3799 SW 148 CT MIAMI, FL 33185	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DARIAS, DARIEN 3799 SW 148 CT MIAMI, FL 33185	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PEREZ, EDGARDO E 3799 SW 148 CT MIAMI, FL 33185	<input checked="" 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

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *[Signature]* DATE: **7/10/07** 786-553-0828

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #