

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 07, 2008 8:00 am
Secretary of State

05-07-2008 90018 001 ***138.75

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03032008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L06000103648 1. Entity Name YAFRIJHU LLC					
Principal Place of Business 216 SW 12 AVE MIAMI, FL 33130			Mailing Address 216 SW 12 AVE MIAMI, FL 33130		
2. Principal Place of Business - No P.O. Box # 2742 BISCAYNE BLVD		3. Mailing Address 2742 BISCAYNE BLVD			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State MIAMI FL		City & State MIAMI FL		4. FEI Number 20-5767603	
Zip 33137		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ALFIE, MOISES 216 SW 12 AVE MIAMI, FL 33130			7. Name and Address of New Registered Agent Name ALFIE, MOISES Street Address (P.O. Box Number is Not Acceptable) 2742 BISCAYNE BLVD City MIAMI FL Zip Code 33137		
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:		MOISES ALFIE		3-03-08	
FILE NOW!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALFIE, MOISES 216 SW 12 AVE MIAMI, FL 33130 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALFIE, MOISES 2742 BISCAYNE BLVD MIAMI FL 33137 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALFIE, SALOMON 216 SW 12 AVE MIAMI, FL 33130 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALFIE, SALOMON 2742 BISCAYNE BLVD MIAMI FL 33137 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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:		MOISES ALFIE		03-03-08 305-573-6640	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					