


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 13, 2008 08:00 A
Secretary of State

DOCUMENT # L06000106807	
1. Entity Name ALPHAOMEGA PROJECTS LLC	

Principal Place of Business 1402 NW 139 AVE PEMBROKE PINES, FL 33028 US	Mailing Address 1402 NW 139 AVE PEMBROKE PINES, FL 33028 US
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03072008 No Chg-LLC		CR2E083 (12/07)
4. FEI Number 20-5844236	Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PAEZ, PABLO G
1402 NW 139 AVE
PEMBROKE PINES, FL 33028

**DO NOT WRITE
IN THIS SPACE**

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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PAEZ, PABLO G 1402 NW 139 AVE PEMBROKE PINES, FL 33028
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ASPIRINO, GUADALUPE C 1402 NW 139 AVE PEMBROKE PINES, FL 33028
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03/31/08-80008-019 143.75

**DO NOT WRITE
IN THIS SPACE**

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:  **PABLO G. PAEZ** **MARCH 10/2008** 954-8124470

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