


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 30, 2007 8:00 am
Secretary of State

07-30-2007 90028 038 *****55.00

DOCUMENT # L06000107111		
1. Entity Name HALF MOON EMPANADAS, LLC		

Principal Place of Business 8925 COLLINS AVENUE, APT 5C SURFSIDE, FL 33154	Mailing Address 8925 COLLINS AVENUE, APT 5C SURFSIDE, FL 33154
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2. Principal Place of Business - No P.O. Box # 1416 WASHINGTON AVENUE	3. Mailing Address 8925 COLLINS AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc. APT. 5C

City & State MIAMI BEACH, FL	City & State SURFSIDE, FL
Zip 33139	Country USA
Zip 33154	Country USA



07242007 Chg-LLC CR2E083 (12/06)

4. FEI Number 87-0793909	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent AMERICAN INFORMATION SERVICES, INC. ONE S.E. 2RD AVENUE, 28TH FLOOR MIAMI, FL 33131	
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7. Name and Address of New Registered Agent	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO JUAN D. ZAVALA, JR. 8925 COLLINS AVENUE, APT 5C SURFSIDE, FL 33154 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  **7/24/07** **305.423.5908**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #