


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L06000114836</b> 1. Entity Name MS FIESTAS & GIFTS, LLC	
-----------------------------------------------------------------------------	-----------------------------------------------------------------------------------

Principal Place of Business 200 SW 1ST STREET BELLE GLADE, FL 33430	Mailing Address PO BOX 340 BELLE GLADE, FL 33430
---------------------------------------------------------------------------	--------------------------------------------------------

**DO NOT WRITE IN THIS SPACE**



04242008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-5984291	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  DE LEON, MARBELIS 109 SE 6TH STREET N BELLE GLADE, FL 33430	<b>DO NOT WRITE IN THIS SPACE</b>
--------------------------------------------------------------------------------------------------------------------------	---------------------------------------

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: Marbelis DeLeon DATE: 4/25/2008  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGR DE LEON, MARBELIS 109 SE 6TH STREET N BELLE GLADE, FL 33430
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGR BAEZ, SOBEIDA 605 NE 2ND STREET BELLE GLADE, FL 33430
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

**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: Marbelis DeLeon DATE: 4/25/2008 DAYTIME PHONE: 561/9964134  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE