


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L06000114836

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"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**DE LEON, MARBELIS
 109 SE 6TH STREET N
 BELLE GLADE, FL 33430**

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: *Marbelis DeLeon* DATE: 4/25/2008

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

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	MGR DE LEON, MARBELIS 109 SE 6TH STREET N BELLE GLADE, FL 33430
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BAEZ, SOBEIDA 605 NE 2ND STREET BELLE GLADE, FL 33430
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100000329774
 05/21/08-80083-021 138.75

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