2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Apr 11, 2008 8:00 am
Secretary of State
04-11-2008 90176 024 ***138.75

DOCUMENT # L07000004542

1. Entity Name
MIAMI LAKES COMMERCIAL GROUP, LLC

Principal Place of Business	Mailing Address
6500 COWPEN ROAD, #302 MIAMI LAKES FL 33014-7625	6500 COWPEN ROAD, #302 MIAMI LAKES FL 33014-7625

1st MOORE CR2E083 (10/07)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
14160 PALMETTO FRONTAGE RD		16930 N.W. 83 AVE.	
Suite, Apt. #, etc.: SUITE #12		Suite, Apt. #, etc.: HOUSE	
City & State: MIAMI LAKES, FL.		City & State: MIAMI LAKES, FL.	
Zip: 33016	Country: DADE	Zip: 33016	Country: DADE

4. FEI Number 41-2224577 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GONZALEZ, ALBERTO O 6500 COWPEN ROAD, #302 MIAMI LAKES FL 33014-7625	Name: GONZALEZ ALBERTO O. Street Address (P.O. Box Number is Not Acceptable): 16930 N.W. 83 AVE. City: MIAMI LAKES FL Zip Code 33016

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 [signature] 3/26/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	MGRM GONZALEZ, ALBERTO O 6500 COWPEN ROAD, #302 MIAMI LAKES FL 33014-7625	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GONZALEZ ALBERTO O. 16930 N.W. 83 AVE. MIAMI LAKES, FL 33016	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: [signature] 3/26/08 305-827-8933
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Phone #