

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L07000013015

FILED
Aug 19, 2008
Secretary of State**Entity Name:** JUDITH CARDENAS, L.L.C**Current Principal Place of Business:**15751 SHERIDAN ST
302
FORT LAUDERDALE, FL 33331 US**New Principal Place of Business:****Current Mailing Address:**15751 SHERIDAN ST
302
FORT LAUDERDELE, FL 33331 US**New Mailing Address:**15751 SHERIDAN ST
302
FORT LAUDERDALE, FL 33331 US**FEI Number:** 26-0246884**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**OLAYA, JONATHAN
15751 SHERIDAN ST
302
FORT LAUDERDALE, FL 33331 US**Name and Address of New Registered Agent:**

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.

SIGNATURE:_____
Electronic Signature of Registered Agent_____
Date**MANAGING MEMBERS/MANAGERS:****Title:** MGR () Delete
Name: OLAYA, JONATHAN
Address: 15751 SHERIDAN ST.
City-St-Zip: FORT LAUDERDALE, FL 33331 US**Title:** MGRM () Delete
Name: URRIBAGO, GLORIA P
Address: 15751 SHERIDAN ST
City-St-Zip: FORT LAUDERDALE, FL 33331 US**ADDITIONS/CHANGES:****Title:** VP (X) Change () Addition
Name: OLAYA, JONATHAN S
Address: 15751 SHERIDAN ST.
City-St-Zip: FORT LAUDERDALE, FL 33331 US**Title:** PD (X) Change () Addition
Name: BRAVO, LUISA F
Address: 15751 SHERIDAN ST
City-St-Zip: FORT LAUDERDALE, FL 33331 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JONATHAN S OLAYA

VP

08/19/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date