2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# L07000013352

Entity Name: BEAT KINGS , LLC

Current Principal Place of Business:

555 NE 15TH ST
MIAMI, FL 33132

New Principal Place of Business:

Current Mailing Address:

6723 SW 152 PLACE
MIAMI, FL 33193

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ZAPATA, LEONARDO
6723 SW 152ND PLACE
MIAMI, FL 33193 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:	ZAPATA, LEONARDO	
Address:	555 NE 15TH ST	
City-St-Zip:	MIAMI, FL 33132	
Title:	MGR	( ) Delete
Name:	BROOKS, DAVID G	
Address:	555 NE 15TH ST	
City-St-Zip:	MIAMI, FL 33132	
Title:	MGR	(X) Delete
Name:	BARRETO, JOHN P	
Address:	555 NE 15TH ST	
City-St-Zip:	MIAMI, FL 33132	
Title:	MGR	( ) Delete
Name:	HENAO, EDGAR R	
Address:	555 NE 15TH ST	
City-St-Zip:	MIAMI, FL 33132	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: LEONARDO ZAPATA MGR 04/20/2009

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