

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000014458

FILED
Apr 14, 2008
Secretary of State

Entity Name: ANTIGUA DOORS FLORIDA LLC

Current Principal Place of Business:

16590 NE 26TH AVENUE
601
NORTH MIAMI BEACH, FL 33160

New Principal Place of Business:

Current Mailing Address:

16590 NE 26TH AVENUE
601
NORTH MIAMI BEACH, FL 33160

New Mailing Address:

FEI Number: 20-8429826 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PAEZ, MILAGRO C
16590 NE 26TH AVENUE
601
NORTH MIAMI BEACH, FL 33160 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: PAEZ, ANA C
Address: 16590 NE 26TH AVENUE #601
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: MGR () Delete
Name: PAEZ, MILAGROS C
Address: 16590 NE 26TH AVENUE #601
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: MGR () Delete
Name: ESTRADA, ALEJANDRO
Address: 4 CALLE C 3-43, SECTOR A5
City-St-Zip: SAN CRISTOBAL, GU 00006 GU

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:

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: MILAGROS PAEZ

MG

04/14/2008

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