

**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 90177 027 ***138.75

DOCUMENT # L07000042090

1. Entity Name

QUINONES & ZAPPALA KIDS, LLC



Principal Place of Business

1137

**777 N.W. 72ND AVE., SUITE 3072
MIAMI FL 33126**

Mailing Address

1137

**777 N.W. 72ND AVE., SUITE 3072
MIAMI FL 33126**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/07)

4. FEI Number

41 223 7723

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

**QUINONES, OLGA
777 N.W. 72ND AVE., SUITE 3072 1137
MIAMI FL 33126**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

OLGA QUINONES

Signature, typed or printed name of registered agent and fee if applicable

Olga Quinones

(NOTE: Registered Agent Signature required when installing)

3/26/08

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
QUINONES, OLGA
777 NW 72ND AVE., SUITE 3072 1137
MIAMI FL 33126**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY- ST- ZIP
**MGRM
ZAPPALA, NUNZIO
8550 N.W. 70TH ST.
MIAMI FL 33166**

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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:

Olga Quinones

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/26/08

DATE

305/264-3828

Display Phone #