

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000058421

FILED
Apr 30, 2008
Secretary of State

Entity Name: DREAM BIG!! MANAGEMENT & CONSULTING FIRM, LLC

Current Principal Place of Business:

1101 S.W. 144TH COURT
MIAMI, FL 33184

New Principal Place of Business:

Current Mailing Address:

1101 S.W. 144TH COURT
MIAMI, FL 33184

New Mailing Address:

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

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: BORRERO, ALEJANDRO
Address: 1101 S.W. 144TH COURT
City-St-Zip: MIAMI, FL 33184

Title: MGR () Delete
Name: ALONSO, JAMES
Address: 1101 S.W. 144TH COURT
City-St-Zip: MIAMI, FL 33184

Title: S () Delete
Name: AFRICA, TRISHA
Address: 1101 S.W. 144TH COURT
City-St-Zip: MIAMI, FL 33184

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: ALONSO, JAMES
Address: 11580 SW 12TH STREET
City-St-Zip: PEMBROKE PINES, FL 33025

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: ALEJANDRO BORRERO

MGR

04/30/2008

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