


FILED
Mar 26, 2008 8:00 am
Secretary of State

02-27-2008 90076 021 ***138.75

2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L07000063663			
1. Entity Name QUISQUELLA AUTO EXPORT, LLC <i>Quisqueya Auto Export LLC</i>			
Principal Place of Business 7515 FLORAL CIRCLE WEST LAKELAND, FL 33809 US		Mailing Address 7515 FLORAL CIRCLE WEST LAKELAND, FL 33809 US	
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
6. Name and Address of Current Registered Agent DOMINGUEZ, ALTAGRACIA 7515 FLORAL CIRCLE WEST LAKELAND, FL 33809		7. Name and Address of New Registered Agent Name <i>Iris Lugo</i> Street Address (P.O. Box Number is Not Acceptable) <i>7515 Floral Circle West</i> City <i>Lakeland</i> FL Zip Code <i>33809</i>	
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 <i>Iris Lugo</i> <i>Iris Lugo</i> DATE <i>2-26-08</i> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reappointing)</small>			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State 7515 FLORAL CIRCLE WEST LAKELAND, FL 33809	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DOMINGUEZ, ALTAGRACIA 7515 FLORAL CIRCLE WEST LAKELAND, FL 33809 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <i>Lugo Iris</i> <i>7515 Floral Circle West</i> <i>Lakeland FL 33809</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LUGO, IRIS 7515 FLORAL CIRCLE WEST LAKELAND, FL 33809 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <i>Dominguez Altagracia</i> <i>7515 Floral Circle West</i> <i>Lakeland FL 33809</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <i>Iris Lugo MGRM</i> 2/25/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>			