

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000070928

Entity Name: MIAMI LO QUE QUIERAS LLC

FILED
Jan 25, 2008
Secretary of State

Current Principal Place of Business:

3757 ESTEPONA AV
MIAMI, FL 33178 US

New Principal Place of Business:

4001 NW 97TH AVENUE
301-B
DORAL, FL 33178 US

Current Mailing Address:

3757 ESTEPONA AV
MIAMI, FL 33178 US

New Mailing Address:

4001 NW 97TH AVENUE
301-B
DORAL, FL 33178 US

FEI Number: 26-0617875

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RD GLOBAL CONSULTING INC
200 S BISCAYNE BLVD
SUITE 830
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

MORENO, MAGEL MGRM
4001 NW 97TH AVENUE
301-B
DORAL, FL 33178 US

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: MAGEL MORENO

01/25/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: JIMENEZ, LUCIA C
Address: 3757 ESTEPONA AV.
City-St-Zip: MIAMI, FL 33178 US

Title: MGRM () Delete
Name: MORENO, MAGEL
Address: 3757 ESTEPONA AV
City-St-Zip: MIAMI, FL 33178 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: JIMENEZ, LUCIA C
Address: 4001 NW 97TH AVENUE
City-St-Zip: DORAL, FL 33178 US

Title: MGRM (X) Change () Addition
Name: MORENO, MAGEL
Address: 4001 NW 97TH AVENUE
City-St-Zip: DORAL, FL 33178 US

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: MAGEL MORENO

MGRM

01/25/2008

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