

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2010
LIMITED LIABILITY
COMPANY
Annual Report



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L07000075187

1. Limited Liability Company's Name

MIAMI EMERALD 1606, LLC

FILED

2010 SEP -8 AM 10:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100185169211
09/08/10--01029--003 **660.00

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box # 218 S.E. 14th Street Suite, Apt. #, etc 1606 City & State Miami, Florida Zip 33131		Country USA		3. Mailing Office Address P.O. Box 383 Suite, Apt. #, etc City & State Bayamon, Puerto Rico Zip 00960		Country Puerto Rico	
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4. State/Country of Formation Florida - USA	
5. Date Organized or Qualified To Do Business in Florida 7-20-2007	
6. FEI Number	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name Carlos M. Antoni			
Street Address (P.O. Box Number is Not Acceptable) 366 Altara Avenue			
Suite, Apt. #, Etc.			
City Coral Gables		State FL	Zip Code 33146

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 8-23-2010.

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Jose E. Bisbal	218 SE 14 Street, #1606	Miami, FL 33131

11. E-mail Address

(To be used for future annual report notifications)

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of
Managing Member/Manager

Date

8/23/10

Daytime Phone #

Typed or printed name of signing Managing Member/Manager