

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000110182

FILED
Apr 30, 2008
Secretary of State

Entity Name: LATIN EXPLOSION MODELING & MANAGEMENT,LLC

Current Principal Place of Business:

365 ANCHOR RD
1101
CASSELBERRY, FL 32707

New Principal Place of Business:

Current Mailing Address:

PO BOX 1684
GOLDENROD, FL 32733

New Mailing Address:

FEI Number: 26-1327910

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARAY, CARLOS
365 ANCHOR RD
1101
CASSELBERRY, FL 32733 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: GARAY, CARLOS
Address: 365 ANCHOR RD #1101
City-St-Zip: CASSELBERRY, FL 32707

Title: MGR () Delete
Name: RODRIGUEZ, MICHAEL
Address: 365 ANCHOR RD #1101
City-St-Zip: CASSELBERRY, FL 32707

Title: MGR (X) Delete
Name: GARAY, ROSA
Address: 365 ANCHOR RD #1101
City-St-Zip: CASSELBERRY, FL 32707

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: GARAY, ROSA
Address: 365 ANCHOR RD #1101
City-St-Zip: CASSELBERRY, FL 32707

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: CARLOS GARAY

MGR

04/30/2008

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