


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
May 29, 2008 8:00 am
Secretary of State

05-05-2008 90033 041 ***138.75

DOCUMENT # L07000115483					
1. Entity Name MOREAU PROMOTIONS, LLC					
Principal Place of Business 7600 RED ROAD SUITE 213 MIAMI, FL 33143			Mailing Address 7600 RED ROAD SUITE 213 MIAMI, FL 33143		
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	04212008 Chg-LLC CR2E083 (12/06) 4. FEL Number 26-1420955 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent MOREAU, JONATHAN B 7600 RED ROAD SUITE 213 MIAMI, FL 33143			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MOREAU, JONATHAN B 7600 RED ROAD SUITE 213 MIAMI, FL 33143 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: _____			4-23-08 786-402 9328 Date Daytime Phone #		