## . · 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

## Apr 22, 2008 8:00 am Secretary of State DOCUMENT # L07000115801 1. Entity Name 04-22-2008 90100 029 \*\*\*138.75 C.J.&G.C, LLC Principal Place of Business Mailing Address $000 \times 000$ 13470 SW 128TH ST 13470 SW 128TH ST **MIAMI FL 33186** MIAMI FL 33186 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/07) City & State City & State 4. FEI Number Applied For 26 1409899 Not Applicable Zip -Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORRALES, CELSO 13470 SW 128TH ST Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33186** City 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 Signature, typical or change distance of registered agent and title discriptionals (NOTE Registered reporting infore required when remarking) FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES THE MGR Delete TiTLE Change Control I CORRALES, CELSO NAME STREET ADDRESS 13470 SW 128TH ST STREET ADDRESS CITY - ST- ZIP MIAMI FL 33186 CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP BILL ☐ Delite 1000 ☐ Change Adaition NAME LAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP ☐ Delete ☐ Chance ■ Addition HAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY - ST - 7:P TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under path; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this recort as required by Chapter 808, Florida Statutes.

11. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information

SIGNATURE:

**FILED**