


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90238 034 \*\*\*143.75

<b>DOCUMENT # L07000116498</b> 1. Entity Name <b>MARITZA IZQUIERDO ENTERPRISES, LLC</b>					
Principal Place of Business <b>P.O. BOX 520516</b> <b>MIAMI, FL 33152</b>			Mailing Address <b>9500 S DADELAND BLVD</b> <b>610</b> <b>MIAMI, FL 33156</b>		
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  		Country  		4. FEI Number <b>41-2254430</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>POE, JAMES A</b> <b>9500 S DADELAND BLVD</b> <b>610</b> <b>MIAMI, FL 33156</b>			7. Name and Address of New Registered Agent Name  Street Address (P.O. Box Number is Not Acceptable)   City  <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <b>FILE NOW!!! FEE IS \$138.75</b>  <b>After May 1, 2008 Fee will be \$538.75</b> </div> <div style="width: 30%; text-align: center;"> <b>Make check payable to</b>  <b>Florida Department of State</b> </div> </div>					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>MGRM</b> <b>IZQUIERDO, MARITZA A</b> <b>4441 SW 13TH TERR</b> <b>MAIMI, FL 33134</b>	<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.					
<b>SIGNATURE:</b> <i>Maritza Izquierdo</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<b>3/30/08 305-316-3409</b> <small>Date Daytime Phone #</small>		