2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000016361

Entity Name: AMADREW ENTERPRISES LLC

FILED Apr 10, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1449 CPARI LANE, APT. #6205 1449 CAPRI LANE, WESTON, FL 33326 US

6212

WESTON, FL 33326

Current Mailing Address: New Mailing Address:

1449 CPARI LANE, APT. #6205 1449 CAPRI LANE,

WESTON, FL 33326 6212

WESTON, FL 33326 US

FEI Number: 26-2102552 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

STATIA, GODFREY CPA 14850 S.W. 152ND CT. MIAMI, FL 33196

MANAGING MEMBERS/MANAGERS:

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

ADDITIONS/CHANGES:

MGRM Title: () Delete (X) Change () Addition PERSAUD, ANDREW A PERSAUD, ANDREW A Name: Name:

Address: 1449 CPARI LANE, APT. #6205 Address: 1449 CAPRI LANE APT# 6212 City-St-Zip: WESTON, FL 33326 US City-St-Zip: WESTON, FL 33326 US

Title: MGRM () Delete Title: MGRM (X) Change () Addition Name: PERSAUD, AMANDA N Name: PERSAUD, AMANDA N

Address: 1449 CPARI LANE, APT, #6205 Address: 1449 CAPRI LANE APT# 6212 City-St-Zip: WESTON, FL 33326 US City-St-Zip: WESTON, FL 33326 US

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: ANDREW PERSAUD 04/10/2009