2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000065234

Entity Name: AMORA 21, LLC

Current Principal Place of Business:	**New Principal Place of Business:**
8004 N.W. 154 STREET MIAMI LAKES, FL 33016	17670 NW 78TH AVENUE 210 HIALEAH, FL 33015

Current Mailing Address:	**New Mailing Address:**
8004 N.W. 154 STREET MIAMI LAKES, FL 33016	17670 NW 78TH AVENUE 210 HIALEAH, FL 33015

FEI Number: 26-2958867   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
MORALES, ANGEL 8025 N.W. 170 TERRACE MIAMI, FL 33015 US	

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: **ADDITIONS/CHANGES:**

Title:	MGRM ( ) Delete	Title:	( ) Change ( ) Addition
Name:	MORALES, ABEL	Name:	
Address:	8250 N.W. 191 STREET, UNIT 10-D	Address:	
City-St-Zip:	MIAMI, FL 33015	City-St-Zip:	
Title:	MGRM ( ) Delete	Title:	( ) Change ( ) Addition
Name:	MORALES, ANGEL	Name:	
Address:	8025 N.W. 170 TERRACE	Address:	
City-St-Zip:	MIAMI, FL 33015	City-St-Zip:	
Title:	( ) Delete	Title:	T ( ) Change (X) Addition
Name:		Name:	PENA, JOE R
Address:		Address:	8631 NW 16TH STREET
City-St-Zip:		City-St-Zip:	PEMBROKE PINES, FL 33024

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: ANGEL MORALES   MGRM   03/26/2009

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