2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 24, 2007 8:00 am
Secretary of State

01-24-2007 90053 038 ****50.00

DOCUMENT # L99000007693

1. Entity Name

THE VAZQUEZ INVESTMENT GROUP L.L.C.

Principal Place of Business	Mailing Address
10360 SW 154 PL 34 MIAMI FL 33196	10360 SW 154 PL 34 MIAMI FL 33196

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

1st MOORE CR2E083 (10/06)

4. FEI Number 65-0963105 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

ROZENCWAIG, LESLIE ALAN ESQ.
C/O ROZENCWAIG & GRANOFF
1 S.E. 3RD AVE., STE 960
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name ULISES VAZQUEZ

Street Address (P.O. Box Number is Not Acceptable) 10360 SW 154 PLACE # 34

City MIAMI FL Zip Code 33196

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 ULISES VAZQUEZ [signature] 1/19/07

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM VAZQUEZ, ULISES 15255 S.W. 108TH TERRACE MIAMI FL 33196	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	10360 SW 154 PL # 34 MIAMI FL 33196	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM VAZQUEZ, OLGA 15255 S.W. 108TH TERRACE MIAMI FL 33196	☑ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: [signature] 1/19/07 786-457-3223

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #