


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # P02000003759
 1. Entity Name
LLERENA ENTERPRISES GROUP, INC.



Principal Place of Business Mailing Address
17841 NW 54 AVE **17841 NW 54 AVE**
CAROL CITY, FL 33055 **CAROL CITY, FL 33055**



04302008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 68-0593732	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
LLERENA, AURELIO
17841 NW 54 AVE
CAROL CITY, FL 33055

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LLERENA, AURELIO 17841 NW 54 AVE CAROL CITY, FL 33055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LLERENA, ROMAN 17841 NW 54 AVE CAROL CITY, FL 33055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LLERENA, MARTHA 17841 NW 54 AVE CAROL CITY, FL 33055
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12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* *ROMAN LLERENA 4/30/08*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #