

FILED
Feb 15, 2007 8:00 am
Secretary of State

02-15-2007 90273 007 ****50.00

**2007 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

DOCUMENT # L04000022073

1. Entity Name
 ACQUA 1502, L.L.C.



60015694

Principal Place of Business Mailing Address
 10143 E. BAY HARBOR DR. 9-A 10143 E. BAY HARBOR DR. 9-A
 BAY HARBOR, FL 33154 BAY HARBOR, FL 33154

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 17875 Collins Avenue 17875 Collins Avenue
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 Apt. 1502 Apt. 1502



02062007 Chg-LLC CR2E083 (12/06)

City & State City & State
 Sunny Isles, Beach, Fl. Sunny Isles, Beach, Fl.
 Zip Country Zip Country
 33160 USA 33160 USA

4. FEI Number Applied For
 20-0931278 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 FIGUEROA, JUAN A PA, CPA
 1428 BRICKELL AVENUE, SUITE 206
 MIAMI, FL 33131

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reissuing) _____ DATE _____

Filing Fee is \$50.00
 Due by May 1, 2007

Make check payable to
 Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HAMUI, ESTRELLA 19111 COLLINS AVENUE, APT. 2402 SUNNY ISLES BEACH, FL 33160 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALFONSO ENTEBI HAMUI 19111 COLLINS AVENUE, APT. 2402 SUNNY ISLES BEACH, FL 33160 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR. Hamui Estrella 17875 Collins Avenue, Apt. 1502 Sunny Isles Beach, Fl. 33160 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Alfonso Entebi Hamui 17875 Collins Avenue, Apt. 1502 Sunny Isles Beach, Fl. 33160 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: [Signature] Date: 02-12-07 Daytime Phone #: 305 495 7276