



**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90061 047 \*\*\*138.75

**2008 LIMITED LIABILITY COMPANY  
 ANNUAL REPORT**

<b>DOCUMENT # L04000072577</b>					
1. Entity Name <b>WE ARE ELECTRONICS, LLC</b>					
Principal Place of Business 10478 NW 31 TERRACE MIAMI, FL 33172 US			Mailing Address 10478 NW 31 TERRACE MIAMI, FL 33172 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State		City & State		4. FEI Number 20-1715173	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  ESTRADA, MARTA 13104 NW 13 ST PEMBROKE PINES, FL 33028			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 reappointing) _____ DATE _____					
<p><b>FILE NOW! FEE IS \$138.75</b>  <b>After May 1, 2008 Fee will be \$538.75</b></p>					
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ESTRADA, MARTHA		NAME		
STREET ADDRESS	13104 NW 13 ST		STREET ADDRESS		
CITY - ST - ZIP	PEMBROKE PINES, FL 33028		CITY - ST - ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PARDO, JUAN-PABLO		NAME		
STREET ADDRESS	13104 NW 13 ST		STREET ADDRESS		
CITY - ST - ZIP	PEMBROKE PINES, FL 33028		CITY - ST - ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SANCHEZ, LUIS		NAME		
STREET ADDRESS	13104 NW 13 ST		STREET ADDRESS		
CITY - ST - ZIP	PEMBROKE PINES, FL 33028		CITY - ST - ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JARAMILLO, ANDRES G		NAME		
STREET ADDRESS	13104 NW 13 ST		STREET ADDRESS		
CITY - ST - ZIP	PEMBROKE PINES, FL 33028		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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: 			(305) 4/25/2008 500-6334		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

60030954



04252008 Chg-LLC CR2E083 (12/06)

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