

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 03, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000015337

1. Entity Name
TOTIS PIZZA LLC



Principal Place of Business
1810 S.W. 3RD AVE.
MIAMI, FL 33129

Mailing Address
1810 S.W. 3RD AVE.
MIAMI, FL 33129



04282005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1137503

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

VANES INC
1688 CORAL WAY
MIAMI, FL 33148

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

Filing Fee is \$50.00
Due by May 1, 2005

11110003358829
05/04/05-80131-004 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	RIASCOS, ALFREDO
STREET ADDRESS	1810 S.W. 3RD AVE.
CITY-ST-ZIP	MIAMI, FL 33129
TITLE	MGR
NAME	VILLA, MAURICIO
STREET ADDRESS	1810 S.W. 3RD AVE.
CITY-ST-ZIP	MIAMI, FL 33129
TITLE	MGR
NAME	MIRANDA, FEDERICO
STREET ADDRESS	1810 S.W. 3RD AVE.
CITY-ST-ZIP	MIAMI, FL 33129
TITLE	MGR
NAME	SALDARRIAGA, NATALIA
STREET ADDRESS	1810 S.W. 3RD AVE.
CITY-ST-ZIP	MIAMI, FL 33129
TITLE	MGR
NAME	ROSARIO, RIASCOS
STREET ADDRESS	1810 S.W. 3RD AVE.
CITY-ST-ZIP	MIAMI, FL 33129
TITLE	MGR
NAME	GARCIA-REYES, PILAR
STREET ADDRESS	1810 S.W. 3RD AVE.
CITY-ST-ZIP	MIAMI, FL 33129

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/21/05
Date

(305) 255-3968
Daytime Phone #