


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90038 001 \*\*\*\*50.00

<b>DOCUMENT # L01000015337</b>					
<b>1. Entity Name</b> <b>TOTIS PIZZA LLC</b>					
<b>Principal Place of Business</b> <b>1810 S.W. 3RD AVE.</b> <b>MIAMI, FL 33129</b>			<b>Mailing Address</b> <b>1810 S.W. 3RD AVE.</b> <b>MIAMI, FL 33129</b>		
<b>2. Principal Place of Business</b> <b>1810 SW 3RD Ave</b>		<b>3. Mailing Address</b> <b>1810 SW 3 Ave</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> <b>Miami FL</b>		<b>City &amp; State</b> <b>Miami FL</b>		<b>4. FEI Number</b> <b>65-1137503</b>	
<b>Zip</b> <b>33129</b>		<b>Country</b>		<b>Applied For</b> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b> <b>VANES INC</b> <b>1888 CORAL WAY</b> <b>MIAMI, FL 33148</b>			<b>7. Name and Address of New Registered Agent</b> <b>Name</b> <b>Vanes Inc.</b> <b>Street Address (P.O. Box Number is Not Acceptable)</b> <b>1888 Coral Way</b> <b>City</b> <b>Miami</b>		
<b>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.</b>			<b>FL</b> <b>Zip Code</b> <b>33148</b>		
<b>SIGNATURE</b> <i>[Signature]</i>			<b>DATE</b> <b>4/27/06</b>		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			DATE		
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2006</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>					
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>MGR</b> <b>RIASCOS, ALFREDO</b> <input type="checkbox"/> Delete <b>1810 S.W. 3RD AVE.</b> <b>MIAMI, FL 33129</b>				
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>MGR</b> <b>MIRANDA, FEDERICO</b> <input type="checkbox"/> Delete <b>1810 S.W. 3RD AVE.</b> <b>MIAMI, FL 33129</b>				
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>MGR</b> <b>SALDARRIAGA, NATALIA</b> <input checked="" type="checkbox"/> Delete <b>1810 S.W. 3RD AVE.</b> <b>MIAMI, FL 33129</b>				
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>MGR</b> <b>ROSARIO, RIASCOS</b> <input checked="" type="checkbox"/> Delete <b>1810 S.W. 3RD AVE.</b> <b>MIAMI, FL 33129</b>				
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete				
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete				
<b>10. ADDITIONS/CHANGES</b>					
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>MGR</b> <b>Riascos, Alfredo</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1810 SW 3RD Ave</b> <b>Miami, FL 33129</b>				
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>MGR</b> <b>Riascos, Lourdes</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>1810 SW 3RD Ave</b> <b>Miami, FL 33129</b>				
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>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.</b>					
<b>SIGNATURE:</b> <i>[Signature]</i>				<b>DATE</b> <b>4/27/06</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				<b>Daytime Phone #</b> <b>305-860-9776</b>	