


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90041 004 \*\*\*\*50.00

**DOCUMENT # L02000033128**

1. Entity Name  
**LATINA'S, LLC**



Principal Place of Business  
**14611 VISTA VERDI RD.  
 DAVIE, FL 33325**

Mailing Address  
**14611 VISTA VERDI RD.  
 DAVIE, FL 33325**

2. Principal Place of Business  
**3100 West 84th Street**

Suite, Apt. #, etc.  
**Suite #5**

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
**Hialeah, FL**

City & State

Zip  
**33018**

Country

Zip  
 Country



04142004 Chg-LLC CR2E083 (10/03)

6. Name and Address of Current Registered Agent

**MAZZA-MARTINEZ & ASSOC., P.A.  
 780 NW 42 AVE., STE. 420  
 MIAMI, FL 33126**

7. Name and Address of New Registered Agent

Name  
**Antonio A. Ugando**

Street Address (P.O. Box Number is Not Acceptable)  
**Ugando & Associates, Inc.**

**2866 SW 176th Terrace**

City  
**Miramar**

FL Zip Code  
**33029**

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 Antonio A. Ugando, Pres *Antonio Ugando* **04/12/04**

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

**Filing Fee is \$50.00  
 Due by May 1, 2004**

**Make check payable to  
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GARCIA, SONIA 14611 VISTA VERDI RD. DAVIE, FL 33325	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOSTAFA, GOURJA 14611 VISTA VERDI RD. DAVIE, FL 33325	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOURJA, CARLA 14611 VISTA VERDI RD. DAVIE, FL 33325	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR UZATEGUI, KURT 14611 VISTA VERDI RD. DAVIE, FL 33325	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MOLINA, SONIA 2251 BRANDEN ST #3 LOS ANGELES, CA 90026	<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	PM	<input checked="" 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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR	<input checked="" 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 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: Sonia Garcia, President Member *Sonia Garcia* **04/19/04** (305) 826-3500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #