


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

8/12/2004-90046-032-\$50.00-\$50.00

8/12

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000016085			
1. Entity Name SOTO/CHINOS, LLC			
Principal Place of Business 161 WASHINGTON AVE. MIAMI BEACH FL 33139		Mailing Address 161 WASHINGTON AVE. MIAMI BEACH FL 33139	
2. Principal Place of Business <i>same as above</i>		3. Mailing Address <i>same as above</i>	
Suits, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 74-3090550		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent FEUERMAN, JONATHAN - ESO THERREL BAISDEN, P.A. ONE SE 3RD AVE, STE 2400-SUNTRUST INTL CTR MIAMI FL 33131		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when recasting)</small>			
<p>FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 8, 2004</p>			
B. MANAGING MEMBERS/MANAGERS		C. ADDITIONS/CHANGES	
TITLE	<i>Rafaela Soto / President</i> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Rafaela Soto</i>	NAME	
STREET ADDRESS	<i>2101 North Bay Road</i>	STREET ADDRESS	
CITY-ST-ZIP	<i>Miami Beach, Fl. 33140</i>	CITY-ST-ZIP	
TITLE	<i>Vice President / Treasurer</i> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Maria T. Soto</i>	NAME	
STREET ADDRESS	<i>2101 North Bay Road</i>	STREET ADDRESS	
CITY-ST-ZIP	<i>Miami Beach, Fl. 33140</i>	CITY-ST-ZIP	
TITLE	<i>Secretary</i> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Loures Soto</i>	NAME	
STREET ADDRESS	<i>2101 North Bay Road</i>	STREET ADDRESS	
CITY-ST-ZIP	<i>Miami Beach, Fl. 33140</i>	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	
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 exemption stated in Section 119.07(3)(1), 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: <i>Maria T. Soto - Vice President</i> <i>08/05/04</i>		PH: (305) 335-2075	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	