2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 11, 2004 8:00 am
Secretary of State
03-11-2004 90224 020 ****50.00

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1. Entity Name
ORMAZABAL & SABUGO, LLC

Principal Place of Business	Mailing Address
C/O NAPOLEON BAKERY 6619 SOUTH DIXIE HIGHWAY WEST PALM BEACH, FL 33405	C/O NAPOLEON BAKERY 6619 SOUTH DIXIE HIGHWAY WEST PALM BEACH, FL 33405

01292004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
		c/o Mario G. de Mendoza, III	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 12765 Forest Hill Blvd, #1302	
City & State		City & State Wellington, FL	
Zip	Country	Zip 33414	Country USA

4. FEI Number 20-0441771 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DE MENDOZA, MARIO G III 12765 FOREST HILL BOULEVARD STE 1302 WELLINGTON, FL 33414	Name: Mario G. de Mendoza, III, P.A. Street Address (P.O. Box Number is Not Acceptable): 12765 Forest Hill Boulevard Suite 1302 City: Wellington FL Zip Code 33414

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. Mario G. de Mendoza, III, P.A.

SIGNATURE [signature] , Mario G. de Mendoza, III, President 2/18/04
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		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE MGRM NAME ORMAZABAL, ARANZAZU STREET ADDRESS 6619 South Dixie Highway CITY-ST-ZIP West Palm Beach, FL 33405	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: X [signature] Aranzazu Ormazabal, Manager 3/6/04 (561) 588-6295
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #