2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State
04-20-2005 90038 020 ****50.00

DOCUMENT # L03000037230

1. Entity Name
PANNA CAFE EXPRESS, LLC

Principal Place of Business	Mailing Address
4711 NW 79TH STREET, SUITE 20T MIAMI, FL 33166	4711 NW 79TH STREET, SUITE 20T MIAMI, FL 33166

03022005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
12330 SW. 53rd street		12330 S.W. 53rd street	
Suite, Apt. #, etc.: Suite 702		Suite, Apt. #, etc.: Suite 702	
City & State: Cooper City, Florida		City & State: Cooper City, Florida	
Zip: 33330	Country: U.S.A.	Zip: 33330	Country: U.S.A.

4. FEI Number: 20-0262969 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MENESES, MAURICIO
4711 NW 79TH STREET, SUITE 20T
MIAMI, FL 33166

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable): 12330 S.W. 53rd street - Suite 702
City: Cooper City FL Zip Code: 33330

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

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MENESES, MAURICIO 4711 NW 79TH STREET, SUITE 20T MIAMI, FL 33166 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 12330 S.W. 53rd street - suite 702 Cooper City, FL. 33330
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: [signature] 04/18/05 954 889 8384
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #