2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 23, 2007 8:00 am Secretary of State

DOCUMENT # L05000089764 1. Entity Name WINCAFE LLC						04-23-2007 90371 019 ****50.00				
Principal Place	e of Business	Mailing Address								
PO BOX 801341		PO BOX 801341								
MIAMI, FL 33	3280 US	MIAMI, FL 33280 US				I BATAT ATTIL AANU PATTI AAN	I BEITELIEUT LERK	ISTE ONE PE	OOL (II HORI	
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04032007	Chg-LLC	CR2E08	3 (12/06)		
City & State		City & State			4. FEI Numb 20-344			_ ·	plied For t Applicable	
Zip	Country	Zip [Zip Country		5. Certificate	of Status Desired	□ \$.	5.00 Add	litional	
	6. Name and Address of Current F				7. Name and	7. Name and Address of New Registered Agent				
RAY PEREZ & ASSOCIATES PA				Name	ame					
13935 NW 1ST AVE MIAMI, FL 33168					Street Address (P.O. Box Number is Not Acceptable)					
				City	•		F-1	Zip Code		
The above named entity submits this statement for the numose of changing its register.				,	tered agent, or bo	th in the State of Elo	FL den for	,		
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)										
Fi De	ling Fee is \$50.00 ue by May 1, 2007					Make check payable to Florida Department of State				
9.	MANAGING MEMBER	S/MANAGERS 10.				ADDITIONS/	CHANGES			
MLE	MGR	☐ Delete	TITLE					Change	☐ Addition	
NAME Street Address	FROST, CARLOS F		NAM	II.						
CITY-ST-ZIP	. The state of th			ET ADDRESS - ST - ZIP						
TITLE	MGRM	☐ Delete	TITLE					Change	☐ Addition	
NAME Street Address			NAM	et address						
CITY-ST-ZIP	AVENTURA, FL 33180			-ST-ZIP						
TILE		☐ Delete	TITLE	II.			- 1	Change	Addition	
name Street address			NAM STRE	ET ADDRESS						
CITY-ST-ZIP			CITY	-ST-ZIP						
TITLE		☐ Delete	TITLE				ı	Change	☐ Addition	
NAME Street Address			NAM STRE	ET ADDRESS						
CITY-ST-ZIP				-ST-ZIP						
TITLE		☐ Delete	TITLE				1	Change	☐ Addition	
name Street address			NAM STRE	ET ADORESS						
CITY-ST-ZIP			CITY	-ST-ZIP						
TITLE		☐ Delete	TITL	1			Į	_ Change	☐ Addition	
NAME STREET ADDRESS			NAM STRE	et address						
CITY-ST-ZIP				-ST-ZIP	··					
11. I hereby certify that the information supplied with this filing does not provided 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 staff 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 see this report as required by Chapter 608, Florida Statutes.										