


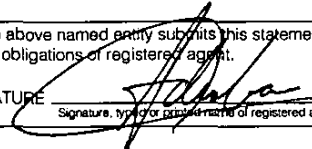
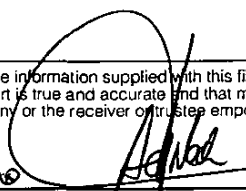
2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90198 048 ****50.00

20005103



DOCUMENT # L01000008221					
1. Entity Name JOEY'S DORAL, L.L.C.					
Principal Place of Business 11400 NW 41 STREET UNIT 112 MIAMI, FL 33178		Mailing Address 1750 NW 66 AVENUE, STE. 212 MIAMI, FL 33126			
2. Principal Place of Business 11402 NW 41 st street		3. Mailing Address 11402 NW 41 st street			
Suite, Apt. #, etc. 112		Suite, Apt. #, etc. 112			
City & State Doral FL.		City & State Doral FL		4. FEI Number 65-1106937	
Zip 33178		Country USA		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent MORENO, ADOLFO 1750 NW 66 AVENUE, STE. 212 MIAMI, FL 33126			7. Name and Address of New Registered Agent Name: Moreno, Adolfo Street Address (P.O. Box Number is Not Acceptable): 11402 NW 41 st Street Suite 112 City: Doral FL Zip Code: 33178		
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: 		NOTE: Registered Agent signature required when reinstating.		DATE	
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	MGR AIRLINE MANAGEMENT GROUP, INC. 1750 NW 66 AVENUE, STE. 212 MIAMI, FL 33126	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Adolfo Moreno 11402 NW 41 st street suite 112 Doral FL 33178	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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: 		Adolfo Moreno - Manager. 1-17-05 (305) 513-0224		Date Daytime Phone #	