



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90034 024 ****50.00

DOCUMENT # L02000030751 1. Entity Name CAFE DELIGHTS DORAL, LLC					
Principal Place of Business 4711 NW 79TH ST., UNIT 20 T MIAMI, FL 33166			Mailing Address 4711 NW 79TH ST., UNIT 20 T MIAMI, FL 33166		
2. Principal Place of Business 12330 SW 53rd street		3. Mailing Address 12330 SW 53rd street		 03022005 Chg-LLC CR2E083 (10/03)	
Suite, Apt. #, etc. Suite 702		Suite, Apt. #, etc. Suite 702			
City & State Cooper City, Florida		City & State Cooper City, Florida			
Zip Country 33330 U.S.A.		Zip Country 33330 U.S.A.			
4. FEI Number 75-3087774				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 MENESES, MAURICIO 4711 NW 79TH ST. MIAMI, FL 33166	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 12330 SW 53rd street - Suite 702 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
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 PANNA CAFE EXPRESS, INC. 4711 NW 79TH ST., UNIT 20 T MIAMI, FL 33166	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CATALU CORPORATION 4711 NW 79TH ST., UNIT 20 T MIAMI, FL 33166	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CATALU CORPORATION 4711 NW 79TH ST., UNIT 20 T MIAMI, FL 33166	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
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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: _____		04/18/05		954 889 8384	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>		<small>Daytime Phone #</small>	