

DOCUMENT # L000000000041

FILED

01 MAY -1 PM 5:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Entity Name

La Rosa Del Monte Express (Miami), LLC

Principal Place of Business

Mailing Address

2. Principal Place of Business

7675 N.W. 66th. St.

Suite, Apt. #, etc.

3. Mailing Address

1133-35 Tiffany St.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami, Fl.

City & State

Bronx, N.Y.

4. FEI Number

65-1070792

Applied For

Not Applicable

Zip

33166

Country

USA

Zip

10459

Country

USA

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

Paralegal & Attorney Bureau Service, Inc.  
1406 Hays St., #2  
Tallahassee, Fl. 32301

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits it is statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. MANAGING MEMBERS/MEMBERS

|                |                           |                                 |
|----------------|---------------------------|---------------------------------|
| TITLE          | President                 | <input type="checkbox"/> Delete |
| NAME           | Hiram Rodriguez           |                                 |
| STREET ADDRESS | 1426 Roosevelt Ave...     |                                 |
| CITY-ST-ZIP    | Pelham Manor, N.Y. 10803  |                                 |
| TITLE          | Vice President            | <input type="checkbox"/> Delete |
| NAME           | Steven Dalzell            |                                 |
| STREET ADDRESS | 46 Center St.             |                                 |
| CITY-ST-ZIP    | Pompton Lakes, N.J. 07442 |                                 |
| TITLE          |                           | <input type="checkbox"/> Delete |
| NAME           |                           |                                 |
| STREET ADDRESS |                           |                                 |
| CITY-ST-ZIP    |                           |                                 |
| TITLE          |                           | <input type="checkbox"/> Delete |
| NAME           |                           |                                 |
| STREET ADDRESS |                           |                                 |
| CITY-ST-ZIP    |                           |                                 |
| TITLE          |                           | <input type="checkbox"/> Delete |
| NAME           |                           |                                 |
| STREET ADDRESS |                           |                                 |
| CITY-ST-ZIP    |                           |                                 |

10. ADDITIONS/CHANGES

|                |                       |   |
|----------------|-----------------------|---|
| TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | 100004274831-2        |   |
| STREET ADDRESS | -05/21/01--01185--013 |   |
| CITY-ST-ZIP    | *****50.00 *****50.00 |   |
| TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                       |   |
| STREET ADDRESS |                       |   |
| CITY-ST-ZIP    |                       |   |
| TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                       |   |
| STREET ADDRESS |                       |   |
| CITY-ST-ZIP    |                       |   |
| TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                       |   |
| STREET ADDRESS |                       |   |
| CITY-ST-ZIP    |                       |   |

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 it is report as required by Chapter 608, Florida Statutes.

SIGNATURE: Steven Dalzell, Vice President, 4/30/01, 718-991-3300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #