2002-2003

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000015320

1. Entity Name

LOS ROQUES L.L.C.

FILED
03 FEB 26 AM 10:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6595 NW 36 ST	6595 NW 36 ST
Suite, Apt. #, etc. 304-2	Suite, Apt. #, etc. 304-2
City & State Miami, FL.	City & State Miami, FL
Zip 33166 Country USA	Zip 33166 Country USA

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4. FEI Number 65-1062136 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Vivian Hernandez

Street Address (P.O. Box Number is Not Acceptable): 8550 W. Flagler St Suite #119

City: Miami FL Zip Code 33144

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.

SIGNATURE: [signature] Vivian Hernandez DATE: 2/21/03

(Signature, Typed or printed name of registered agent and title if applicable)

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager/President Jose L. Cova 6595 NW 36 ST #304-2 Miami, FL. 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager/ Vice-President MARIA CARMEN PINERO 6595 NW 36 ST #304-2 Miami, FL. 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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600013101546
02/26/03--01014--018 **50.00

03/18/02--90001--047-- $50.00

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2/26

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] JOSE L. COVA 2/21/03 (305)229-2686

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #