

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 13, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000003714

1. Entity Name

JOE MARTKET USA, LLC



Principal Place of Business

6450 COLLINS AVE.
SUITE #503
MIAMI BEACH FL 33141

Mailing Address

6450 COLLINS AVE.
SUITE #503
MIAMI BEACH FL 33141

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1086249

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TOVAR, ILEANA ARIAS ESQ.
THE CENTRE BUILDING
9900 STIRLING ROAD, SUITE 218
COOPER CITY FL

Name

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

City

FL

Zip Code

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 re-appointing)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2004**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE NAME MGR
NAME PINO, ALEJANDRO ☐ Delete
STREET ADDRESS 6450 COLLINS AVE.
CITY - ST - ZIP MIAMI BEACH FL 33141

TITLE NAME ☐ Change ☐ Addition
NAME 000000051005
STREET ADDRESS 02/16/04-80034-002 50.00
CITY - ST - ZIP

TITLE NAME MGR ☐ Delete
NAME PINO, ROBERTO
STREET ADDRESS 6450 COLLINS AVE.
CITY - ST - ZIP MIAMI BEACH FL 33141

TITLE NAME ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Change ☐ 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)(j), 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Feb 1 2004 (305)868-5972

Date

Daytime Phone #