2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

ANNOAL REPORT						FILED				
DOCUMENT # L01000006870					Share States States					
1. Entity Name CALLAWA					04 MAY 25/ AM 11:08					
				V ST		<u>8</u> 1	I_{i}	A STATE		
Principal Place		Mailing Address			Till	Links in	FLORISA	MJH		
5779 NW 151 Hialeah, Fl		5779 NW 151 ST Hialeah, Fl 33014			ł	l.			noamit &	
						1 141101011 100	MINISTER RENTA MINISTER WEI	II. BENTIN BENTIN ATENN LUMIN HANTIN ADRI	BU I 133 BU I	
2. Principal Place of Business 3. Mailing Address										
MIGO Dimetto Frontage Rd AILEO Colmetto fro				<u>rtage</u>	Kd.	ı camriffi fil	Maine iraif Alle albei ans	ij ea lii ei lin ari n i iniit inau ad:	~ ~	
	21	a(03262004	Chg-LLC	CR2E083 (10/03)	0/10		
City & State	uni Lakes, Yl	Miami Lakes, FL				4. FEI Numbe 14-187		VNo	plied For t Applicable	
zip みろのl	(G Country	Zip Count		ry	5. Certificate		of Status Desired	S5.00 Add		
	6. Name and Address of Current F					7. Name and Address of New Registered Agent				
MARTIN, PEDRO A ESQ					Street Address (P.O. Box Number is Not Acceptable)					
	RG TRAURIG PA KELL AVE SUITE 2100	Street Ad			ioress (i	P.U. BOX NUMBI	er is Not Acceptable	8) 		
MIAMI, FL	33131					71.				
				City				FL Zip Code	9	
	named entity submits this statement for ions of registered agent.	the purpose of changing its	registere	d office or	register	ed agent, or bo	th, in the State of Flo	orida. I am familiar with,	and accept	
SIGNATURE .									Ì	
SIGNATURE.	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	E. Registered	Agent signatur	required	when reinstating)		DATE		
Filing Fee is \$50.00 Due by May 1, 2004								te check payable to a Department of State	•	
9.	MANAGING MEMBE	RS/MANAGERS	10.				ADDITIONS	/CHANGES		
TITLE NAME	MGR CAPARROS, MARTIN JR	☐ Delete	TITLE	. 1	MG			🔀 Change	Addition	
STREET ADDRESS	3822 W 12TH AVE			ET ADDRESS	14160	os, Martin Jr. Palmetto Front				
CITY-ST-ZIP	HIALEAH, FL 33012				Miami	Lakes, Fl. 330	16			
TITLE NAME		☐ Delete	TITLE	1				Change	Addition	
STREET ADDRESS				ET ADORESS		80003703396				
CITY-ST-ZIP		Delete	TITLE	-ST-ZIP		- 05/2	4/040102	4 -002 **14! □ Change	Addition	
NAME		C Odiote	NAM					C1 custings		
STREET ADDRESS				ET ADORESS -ST-ZIP						
TITLE		☐ Delete	TITLE					☐ Change	☐ Addition	
NAME			NAM						_	
STREET ADDRESS CITY+ST-ZIP	7			ET ADDRESS -ST-ZIP						
TITLE		☐ Delete	TITLE	1				☐ Change	Addition	
NAME STREET ADDRESS			nami Stre	et address						
CITY-ST-ZIP				-\$7-ZP						
TITLE NAME		Delete	TITLE NAM	· .			_	Change	Addition	
STREET ADDRESS			STRE	ET ADDRESS						
CITY-ST-ZIP	01.00.10.14.00.2	ALC: NO ACCURATE AND ACCURATE A		-51-ZIP			(I) F1 () F1 ()			
indicate:	certify that the information supplied with d on this report is true and accurate and ability company or the receiver or truster	that my signature shall have	the same	e lenal effe	ot as if r	made under oati	n' that I am a mana	. I further certify that the i iging member or managi	nformation er of the	
infined in	admity company or the receiver of troster	INV -		admisq (oy Unap	wer doe' woulds	Jaines.]	
SIGNA	TURE: Y 1	1. char	<u>`</u>	ND A	SYL	2 Q	4/38			
1	SIGNATURE AND TYPED OR PRINTED HAME O	P SIGNING MANAGING MEMBER, MA	NAGER, OF	AUTHORIZED	REFRES	ENTATIVE	Date	Daytime Phone #		