


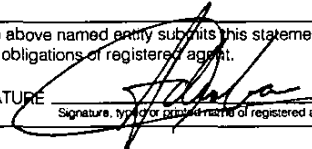
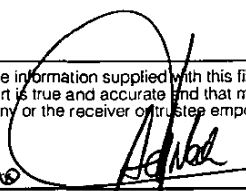
2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90198 048 ****50.00

20005103



DOCUMENT # L01000008221			
1. Entity Name JOEY'S DORAL, L.L.C.			
Principal Place of Business 11400 NW 41 STREET UNIT 112 MIAMI, FL 33178		Mailing Address 1750 NW 66 AVENUE, STE. 212 MIAMI, FL 33126	
2. Principal Place of Business 11402 NW 41 st street		3. Mailing Address 11402 NW 41 st street	
Suite, Apt. #, etc. 112		Suite, Apt. #, etc. 112	
City & State Doral FL.		City & State Doral FL	
Zip 33178	Country USA	Zip 33178	Country USA
6. Name and Address of Current Registered Agent MORENO, ADOLFO 1750 NW 66 AVENUE, STE. 212 MIAMI, FL 33126		7. Name and Address of New Registered Agent Name: Moreno, Adolfo Street Address (P.O. Box Number is Not Acceptable): 11402 NW 41 st Street Suite 112 City: Doral FL Zip Code: 33178	
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: 		DATE: _____	
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: MGR NAME: AIRLINE MANAGEMENT GROUP, INC. STREET ADDRESS: 1750 NW 66 AVENUE, STE. 212 CITY-ST-ZIP: MIAMI, FL 33126	<input checked="" type="checkbox"/> Delete	TITLE: MGR NAME: Adolfo Moreno STREET ADDRESS: 11402 NW 41 st street suite 112 CITY-ST-ZIP: Doral FL 33178	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date: 1-17-05 (305) 513-0224	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	