2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 12, 2004 8:00 am Secretary of State 04-12-2004 90029 001 ****50.00 **DOCUMENT # L01000009026** 3 B'S CASH AND CARRY STORE, LLC component mekaning dan medala 24039950 201 S BISCAYNE BLVD 28TH FLR 548 W 18TH ST HIALEAH, FL 33010 MIAMI, FL 33131 2. Principal Place of Business 3. Mailing Address 548 W 18th St Suite, Apt. #, etc. Suite Apt # etc 04012004 CR2E083 (10/03) Chg-LLC HIALEAH FL 33010 4. FEI Number Applied For City & State City & State 65-1115750 Not Applicable Country Country Zip \$5.00 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent IOJES, RICARDO REYGADAS, JOSE A 201 S BISCAYNE BLVD 28TH FLR MIAMI, FL 33131 548 W 18th Street HIALEAH 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 SIGNATURE (NOTE: Registered Agent signature required when reinstating) registered agent and title if applicable Filing Fee is \$50.00 Due by May \$5,2004 Make check payable to Florida Department of State ם מנו מם סבות ווו המסום חום או מוסום משעבו מ" 10. 9. TITLE ~ MGRM ☐ Delete TITLE Change ☐ Addition IOJES, RICARDO NAME NAME 548 W 18th Street 7985 WEST. 20TH AVE. STREET ADDRESS STREET ADDRESS Hialeah FL_33010-HIALEAH, FL 33014 CITY-ST-7IP CITY-ST-ZIP MGRM 🎎 ☐ Delete X Change Addition TITLE TITLE IIOJES, CARLOS 548 W 18th Street NAME NAME 7985 WEST. 20TH AVE. STREET ADDRESS STREET ADDRESS Hialeah FL 33010 HIALEAH, FL. 33014 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ■ Addition ☐ Delete TITLE MARIE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete

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 trusted empowered to execute this report as required by Chapter 608; Florida Statutes.

CITY-ST-ZIP

NAME STREET ADDRESS

SIGNATURE:

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

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

Daytime Phone # Date

FILED