2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

5

FILED
Jun 11, 2004 8:00 am
Secretary of State
05-27-2004 90331 021 ****50.00

DOCUMENT # L01000010803

1. Entity Name
QUICK & TASTY, L.L.C.

Principal Place of Business	Mailing Address
~~1301 N.W. 89TH COURT, STE. 222 MIAMI, FL 33172~~	~~1301 N.W. 89TH COURT, STE. 222 MIAMI, FL 33172~~
2. Principal Place of Business: 14100 Palmetto Frontage RD	3. Mailing Address: 14100 Palmetto Frontage RD
Suite, Apt. #, etc.: #201	Suite, Apt. #, etc.: #201
City & State: Miami Lakes, Fl.	City & State: Miami Lakes, Fl.
Zip: 33016 Country: DADE	Zip: 33016 Country: DADE

34000303

05242004 Chg-LLC CR2E083 (10/03)

4. FEI Number: 65-1121333 ☐ 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
ROTH, LEONARDO A.ESQ. 3440 HOLLYWOOD BLVD., STE. 360 HOLLYWOOD, FL 33021	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, i n the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by September 8, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR RODRIGUEZ, NOEL CALLE LER TRASVERAL 3240 LA DOLORES PALMIRA COLUMBIA, ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR EUSSE, AURORA CALLE LER TRASVERAL 3240 LA DOLORES PALMIRA COLUMBIA, ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR RODRIGUEZ, MARTHA I CALLE LER TRASVERAL 3240 LA DOLORES PALMIRA COLUMBIA, ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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 Statu tes.

SIGNATURE: X Noel Rodriguez 6/24/04 X(305)821-6232
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #