## 2004 LIMITED LIABILITY COMPANY

## **FILED ANNUAL REPORT** -Jul 22, 2004 08:00 AM DOCUMENT # L01000014309 Secretary of State CALTAK ENTERPRISE LLC Principal Place of Business Mailing Address 8300 S.W. 8TH STREET 8300 S.W. 8TH STREET SUITE 304 **SUITE 304** MIAMI, FL 33144 MIAMI, FL 33144 CR2E083 (10/03) 07152004 No Chg-LLC DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1137878 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ORDOQUI, CARLOS DO NOT WRITE 15552 S.W. 55 TERRACE MIAMI, FL 33185 IN THIS SPACE 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 Floridia. I am lamitiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered egent and title # applicable. (NOTE, Registered Agent algorithms required when reinstating) DATE Filing Fee is \$50.00 Due by September 8, 2004 MANAGING MEMBERS/MANAGERS \$. U00000187814 TITLE MGR 0<del>7/22/94-80010-003-163.75</del> NAME ORDOQUI, CARLOS STREET ADDRESS 15552 S.W. 55 TERRACE CITY-ST-ZIP MIAMI, FL 33185 U00000167814 07/22/04-80010-003 50.00 स्सा ह STREET ADDRESS

## DO NOT WRITE IN THIS SPACE

 I hereby certify that the information indicated on this report is true and limited liability company or the rec supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1). Florida Statutes. I further certify that the information 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 ever or fustee empowered to execute this report as required by Chapter 608, Florida Statutes

SIGNATURE:

CTTY-ST-ZIP nne NAME STREET ADDRESS

CITY-ST-7P

ME MAKE STREET ADDRESS CTY-ST-ZP nneNAME STREET ADDRESS CITY-ST-ZP BBF NAME STREET ADDRESS OTTY-ST-ZIP

> SIGNATURE AND TYPED OR PRINTED HAME OF SIGN G MANAGING MEMBER, OH AUTHORIZED REPRESENTATIVE