

**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 28, 2004 8:00 am**  
**Secretary of State**

01-28-2004 90021 029 \*\*\*\*50.00

**DOCUMENT # L01000015408**

1. Entity Name  
**TROPICALISIMO LATIN CAFE AND GRILL LLC**



Principal Place of Business  
**7368 NW 72 AVE.  
 MIAMI, FL 33166**

Mailing Address  
**PO BOX 669154  
 MIAMI, FL 33166-9428**

**24004052**



2. Principal Place of Business  
**18439 NW 9 ct**

3. Mailing Address  
**18439 NW 9 ct**

Suite, Apt. #, etc. Suite, Apt. #, etc.

01192004 Chg-LLC GR2E083 (10/03)

City & State  
**Pembroke Pines, FL**

City & State  
**Pembroke Pines, FL**

Zip Country Zip Country  
**33029 USA 33029 USA**

4. FEI Number  
**65-1142853**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LEDESMA, MANUEL**  
**7368 NW 72 AVE.**  
**MIAMI, FL 33166**

7. Name and Address of New Registered Agent

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, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is \$50.00  
 Due by May 1, 2004**

**Make check payable to  
 Florida Department of State**

9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>CEDESMA, MANUEL</b> <b>8955 SW 75 ST.</b> <b>MIAMI, FL 33173</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>BUZZI, CARLOS</b> <b>18439 NW 9 COURT</b> <b>PEMBROKE PINES, FL 33029</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>LEDESMA, YOLANDA</b> <b>8955 SW 75 ST.</b> <b>MIAMI, FL 33173</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BUZZI, CARLOS</b> <b>18439 NW 9 COURT</b> <b>PEMBROKE PINES FL 33029</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>BUZZI, YONAISSY M</b> <b>18439 NW 9 COURT</b> <b>PEMBROKE PINES FL 33029</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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:** Carlos Buzzzi P **01/09/2004** **954-6527316**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #