


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000018566	
1. Entity Name CAC VERO, LLC	

Principal Place of Business 14005 N.W. 186TH STREET HIALEAH, FL 33018	Mailing Address 14005 N.W. 186TH STREET HIALEAH, FL 33018
---	---

DO NOT WRITE IN THIS SPACE



03282005No Chg-LLC

CR2E083 (10/03)

4. FEI Number NOT APPLICABLE	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DALE, CHARLES S
414 N.E. 4TH STREET
FT. LAUDERDALE, FL 33301-1152

**DO NOT WRITE
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 Florida. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FERNANDEZ, JOSE L 14005 N.W. 186TH STREET HIALEAH, FL 33018
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HALLEY, IGNACIO 14005 N.W. 186TH STREET HIALEAH, FL 33018
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GARFFER, MICHAEL D 14005 N.W. 186TH STREET HIALEAH, FL 33018
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR RIOS, GEORGE E 14005 N.W. 186TH STREET HIALEAH, FL 33018
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000282598
03/31/05-80049-012 55.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: George E RIOS 3/28/05 (305) 829-0700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #