


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 23, 2005 8:00 am
Secretary of State

05-23-2005 90376 037 ****50.00

DOCUMENT # L02000021364

1. Entity Name
LA DOCE LLC



Principal Place of Business, Mailing Address

210 DUVAL DRIVE MIAMI SPRINGS, FL 33166 **210 DUVAL DRIVE MIAMI SPRINGS, FL 33166**

DO NOT WRITE IN THIS SPACE



05112005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 14-1844757	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**CALVO, JUAN A
 210 DUVAL DRIVE
 MIAMI SPRINGS, FL 33166**

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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: *JUAN A. CALVO - PRES.* 05-18-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
 Due by September 7, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CALVO, JUAN A 210 DUVAL DRIVE MIAMI SPRINGS, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DE CALVO, GLADYS B 20 ISLAND AVE. APT. 1416 MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CALVO, ALICIA 20 ISLAND AVE. APT. 1416 MIAMI BEACH, FL 33139
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *JUAN A. CALVO - PRES.* 05-18-05 305 527 8817
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #