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May 25, 2004 8:00 am
Secretary of State
04-19-2004 90026 035 ****55.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

34007260

DOCUMENT # L02000028471

1. Entity Name
SAN JUAN SPECIALTIES LC

Principal Place of Business	Mailing Address
1200 S. GREEN WAY DR. CORAL GABLES, FL 33134	1200 S. GREEN WAY DR. CORAL GABLES, FL 33134

04052004 No Chg-LLC CR2E063 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
45-0489931
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ORTEGA, PEDRO
1200 S. GREEN WAY DR.
CORAL GABLES, FL 33134

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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 _____ 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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	ORTEGA, MARIA LUISA
STREET ADDRESS	146 W. SUNRISE AVE.
CITY-ST-ZIP	CORAL GABLES, FL 33133
TITLE	MGR
NAME	ORTEGA, ANTONIO
STREET ADDRESS	VILLAS DEL MAR WEST PH-E
CITY-ST-ZIP	CAROLINA, PR 00979
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: Pedro Ortega 4/5/04 (305) 6040470
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #