2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAY 10 PM 1:48

05/18/04

DOCUMENT # L02000030751

1. Entity Name
CAFE DELIGHTS DORAL, LLC

Principal Place of Business	Mailing Address
4711 NW 79TH ST., UNIT 20 T MIAMI, FL 33166	4711 NW 79TH ST., UNIT 20 T MIAMI, FL 33166

03052004 No Chg:LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
75-3087774
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MENESES, MAURICIO
4711 NW 79TH ST.
MIAMI, 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 _____
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 May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	PANNA CAFE EXPRESS, INC.
STREET ADDRESS	4711 NW 79TH ST., UNIT 20 T
CITY-ST-ZIP	MIAMI, FL 33166
TITLE	MGR
NAME	CATALU CORPORATION
STREET ADDRESS	4711 NW 79TH ST., UNIT 20 T
CITY-ST-ZIP	MIAMI, FL 33166
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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50.00

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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: Mauricio Meneses 04/13/04 305-640-19-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #