2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

5/3/

FILED
Jul 01, 2004 8:00 am
Secretary of State
05-03-2004 90111 015 ****50.00

DOCUMENT # L03000004616

1. Entity Name

ABU FRANCHISING L.L.C.

Principal Place of Business	Mailing Address
4708 NW 114 AVENUE, #102 MIAMI FL 33178	4708 NW 114 AVENUE, #102 MIAMI FL 33178

MOORE CR2E083 (11/03)

2. Principal Place of Business		3. Mailing Address	
miami Fl 3376		8927 SW 129 TER	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: mia Fl.		City & State: Miami Fl.	
Zip: 3376	Country: USA.	Zip: 3376	Country: USA.

4. FEI Number 550829198 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MESTRE OCTAVIO E 7385 SW. 87 AVENUE, SUITE 100 LAW OFFICES MESTRE & FLORES, P.A. MIAMI FL 33173	Name Street Address (P.O. Box Number is Not Acceptable) SAME 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 ______ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR OSIO, LUIS R 4708 NW 114 AVENUE, #102 MIAMI FL 33178	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR UTRERA, ARNOLD 4708 NW 114 AVENUE, #102 MIAMI FL 33178	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: AMP 06/20/04 (305) 971-64-20

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER/MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #