2004 LIMITED LIABILITY COMPANY

ANNUAL REPORT

FILED Mar 19, 2004 8:00 am Secretary of State

1. Entity Name	MENT # L03000015			03-05-2004 90	225 038 ****	50.00	
Principal Place of Business 1313 PONCE DE LEON BLVD., SUITE 310 CORAL GABLES, FL 33134 Mailing Address 1313 PONCE DE LEON BLVD. CORAL GABLES, FL 33134				0	- 4	T012	
2. Principal Place of Business 5397 N.W. 105TH COURT Suite, Apt. #, etc.		3. Mailing Address 5397 N.W. 105TH COU		JRT			
City & State MIAMI, FLORIDA		City & State MIAMI, FLORIDA Zip Country		031620 4. FEI N	3	No	oplied For ot Applicable
Zip 33178	Country	33178	Country	5. Certif	cate of Status Desired	\$5.00 Add Fee Require	ditional d
	6. Name and Address of Current I	Registered Agent	Nome	7. Name	and Address of New Regist	tered Agent	
SANCHEZ-GALARRAGA, JORGE				Name			
1313 PON	CE DE LEON BLVD., SUITE 3° ABLES, FL 33134	10	Street A	eet Address (P.O. Box Number is Not Acceptable)			
COIVAL OF	ADEEO, 1 E 33134			***			
			City			FL Zip Cod	е
8. The above	named entity submits this statement for ions of registered agent.	the purpose of changing its re	agistered office o	r registered agent, o	or both, in the State of Florida.	I am familiar with,	and accept
-	ions or registered agent.						
SIGNATURE.	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: f	Registered Agent signal	ture required when reinstation	(a)	DATE	
		_					
Fi Di	iling Fee is \$50.00 ue by May 1, 2004				Make ch	eck payable to partment of State	9
9.	MANAGING MEMBEI		10.		Make ch	eck payable to partment of State	9
9. TITLE NAME STREET ADDRESS	ue by May 1, 2004	RS/MANAGERS Delete X X X X X X X X X X X X X		MGRM PORTILLO 11354 N MIAMI, I	Make ch Fiorida De	eck payable to partment of State NGES Change RACE	Addition
9. TITLE NAME STREET ADDRESS	ue by May 1, 2004 MANAGING MEMBEI MX治M SXNCHE GALTH SAX XXXII XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	RS/MANAGERS □ Delete X	10. TITLE NAME STREET ADDRESS	MGRM PORTILLO 11354 N. MIAMI, I MGRM PORTILLO 5401 N.	ADDITIONS/CHA ADDITIONS/CHA O, OSWALDO W. 57TH TERM	eck payable to partment of State NGES Change RACE Change	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	ue by May 1, 2004 MANAGING MEMBEI MX治M SXNCHE GALTH SAX XXXII XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	RS/MANAGERS Delete X X X X X X X X X X X X X	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MGRM PORTILLO 11354 N. MIAMI, I MGRM PORTILLO 5401 N. MIAMI, I MGRM RUIZ, RI 5397 N.	Make ch Florida De ADDITIONS/CHA O, OSWALDO W. 57TH TERE FLORIDA 33178 O, LESBIA W. 105TH COUNTY FLORIDA 33178	eck payable to partment of State NGES Change Change CT Change	Addition
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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: REINALD RUIZ, MANAGING MEMBER
SIGNATURE AND TWEED ON PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE 3/2/04 (305) 592-2859 Daytime Phone #