2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 03, 2004 8:00 am
Secretary of State
02-03-2004 90050 002 ****55.00

DOCUMENT # L03000020028

1. Entity Name
GRUPO AKKAR, LLC

Principal Place of Business	Mailing Address
2958 NW 72 AVE. MIAMI, FL 33122	2958 NW 72 AVE. MIAMI, FL 33122

01302004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
7860 NW 46TH ST	7860 NW 46TH ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI FLORIDA	City & State: MIAMI FL
Zip: 33166 Country: DADE	Zip: 33166 Country: DADE

4. FEI Number: 42-1593635 ☐ 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
ZREIK-KOUMI, JOSE LUIS 2958 NW 72 AVE. MIAMI, FL 33122	Name: ZREIK-KOUMI JOSE LUIS Street Address (P.O. Box Number is Not Acceptable): 11333 NW 65TH ST City: MIAMI FL Zip Code: 33178

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: JOSE LUIS ZREIK 01/30/2004
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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM ZREIK-KOUMI, JOSE LUIS 2958 NW 72 AVE. MIAMI, FL 33122	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM ZREIK-KOUMI, JOSE LUIS 11333 NW 65TH ST MIAMI FL 33178	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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: 01/30/2004 786-395-7216
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #