

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000020647

FILED
Jul 05, 2005
Secretary of State

Entity Name: MASTER GELATO & BAKERY LLC

Current Principal Place of Business:

6950 N.W. 77TH COURT, THIRD FLOOR
MIAMI, FL 33166

New Principal Place of Business:

Current Mailing Address:

2665 SOUTH BAYSHORE DRIVE, SUITE 703
MIAMI, FL 33133

New Mailing Address:

6950 N.W. 77TH COURT, THIRD FLOOR
MIAMI, FL 33166

FEI Number: 11-3691761 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WORLD CORPORATE SERVICES, INC.
2665 SOUTH BAYSHORE DRIVE, SUITE 703
MIAMI, FL 33133 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MAZZEI, OMAR E
Address: 6950 N.W. 77TH COURT, THIRD FLOOR
City-St-Zip: MIAMI, FL 33166

Title: MGR () Delete
Name: FERNANDEZ, LUIS
Address: 6950 N.W. 77TH COURT, THIRD FLOOR
City-St-Zip: MIAMI, FL 33166

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: OMAR E. MAZZEI

MR.

07/05/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date