

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90347 042 ****50.00

DOCUMENT # L03000020859

1. Entity Name
DONA JIMENA-USA, LLC



Principal Place of Business
~~C/O ADORNO & VOSS, P.A.~~
~~2601 S. BAYSHORE DR., STE. 1600~~
~~MIAMI, FL 33133~~

Mailing Address
~~C/O ADORNO & VOSS, P.A.~~
~~2601 S. BAYSHORE DR., STE. 1600~~
~~MIAMI, FL 33133~~

24036408



2. Principal Place of Business
1700 NE 105 Street
Suite, Apt. #, etc.
Apt # 317
City & State
Miami, FLA
Zip
33138
Country
U.S.A.

3. Mailing Address
1700 NE 105 Street
Suite, Apt. #, etc.
Apt # 317
City & State
Miami, FLA
Zip
33138
Country
U.S.A.

04012004 Chg-LLC CR2E083 (10/03)

4. FEI Number
13-4269023
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

~~MAG. CARLOS A. ESCO~~
~~2601 S. BAYSHORE DR., STE. 1600~~
~~MIAMI, FL 33133~~

7. Name and Address of New Registered Agent

Name
Nicolas G. Villagelina, CPA
Street Address (P.O. Box Number is Not Acceptable)
1841 SW 29th Avenue
City
Miami FL Zip Code
33145

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 *Nicolas G. Villagelina, CPA* *Nicolas G. Villagelina, CPA* 4/1/04
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

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MANAGER - DIRECTOR
STREET ADDRESS	ENRIQUE TORRES JIMENEZ
CITY-ST-ZIP	1700 NE 105 Street # 317 MIAMI, FLA 33138
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Enrique Torres Jimenez* *Mr. Enrique Torres Jimenez* 4/1/04 208-3635
Signature and typed or printed name of signing managing member, manager, or authorized representative Date Daytime Phone #