

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000040397

FILED
Mar 05, 2004
Secretary of State

Entity Name: EMPANADAS TO GO, L.L.C.

Current Principal Place of Business:

C/O LESLIE ALAN ROZENCWAIG, P.A.
ONE S.E. THIRD AVENUE, SUITE 960
MIAMI, FL 33131

New Principal Place of Business:

960 NORMANDY DRIVE
MIAMI BEACH, FL 33141

Current Mailing Address:

C/O LESLIE ALAN ROZENCWAIG, P.A.
ONE S.E. THIRD AVENUE, SUITE 960
MIAMI, FL 33131

New Mailing Address:

C/O ROZENCWAIG & FERRERO-CARR
301 WEST HALLANDALE BEACH BLVD
HALLANDALE BEACH, FL 33009

FEI Number: 20-0433206

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LESLIE ALAN ROZENCWAIG, P.A.
ONE S.E. THIRD AVENUE, SUITE 960
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

ROZENCWAIG & FERRERO-CARR
301 WEST HALLANDALE BEACH BOULEVARD
HALLANDALE BEACH, FL 33009 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: LESLIE ALAN ROZENCWAIG

03/05/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: () Delete

Name:

Address:

City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition

Name: ARGIRO, FERNANDO

Address: 9291 EAST BAY HARBOR DRIVE APARTMENT 5A

City-St-Zip: BAY HARBOR, FL 33154

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: FERNANDO ARGIRO

MGR

03/05/2004

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