2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

Sep 22, 2004 8:00 am Secretary of State DOCUMENT # L03000042520... 09-22-2004 90048 008 ****50.00 MJPÓ ENTERPRISES, LLC. Mailing Address Principal Place of Business 3791 SW 122 AVENUE 3791 SW 122 AVENUE MIAMI, FL 33175 MIAMI, FL 33175 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 08122004 Chg-LLC CR2E083 (10/03) 4. FEI Number Applied For City & State City & State <u>42-1</u>608539 Not Applicable Country Zip Country \$5.00 Additional 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LACAYO-PAULA, MARIA J - Street Address (P.O. Box Number is Not Acceptable) 3791 SW 122 AVENUE MIAMI, FL 33175 Zip Code City FL 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 Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by September 8, 2004 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. MGR ☐ Delete TITLE Change ☐ Addition TITLE . LACAMO, JOSE SR LACAYO, JOSE M SR NAME NAME 8743 SW 137 AVE. 3791 SW 122 AVENUE STREET ADDRESS STREET ADDRESS Miami, FL 33183 CITY-ST-ZIP CITY - ST - ZIP MIAMI, FL 33175 MGR ☐ Change ☐ Addition MGR Delete TITLE TITLE LACAYO, DAMARYS LACAYO, DAMARYS NAME 8743 SW 137 AVE 3791 SW 122 AVENUE STREET ADDRESS STREET ADDRESS Miami, FL 33183 CITY-ST-ZIP MIAMI, FL 33175 CITY-ST-ZIP ☐ Change M Addition ☐ Delete TITLE TITLE MGR LACAYO, JOSE M JR. NAME NAME 3791 SW 122 AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33175 Change ☐ Addition ☐ Delete TITLE TITLE MGR. LACAYO-PAULA, MARIA J NAME NAME STREET ADDRESS 3791 SW 122 AVENUE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33175 CITY - ST - ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIF 11. I hereby certify that the information supplied with this filling 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 eath; 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.

MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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