FILED
Jun 27, 2005 8:00 am
Secretary of State
05-02-2005 90091 036 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000044296

1. Entity Name
JAFECA LLC

Principal Place of Business	Mailing Address
INTERNATIONAL TOWERS 1400 SW 27TH AVENUE, SUITE #102 MIAMI, FL 33145-1239	INTERNATIONAL TOWERS 1400 SW 27TH AVENUE, SUITE #102 MIAMI, FL 33145-1239

01032005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number APPLIED FOR 59-3807434 ☐ 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
GOMEZ, RAMON INTERNATIONAL TOWERS 1400 SW 27TH AVENUE, SUITE #102 MIAMI, FL 33145-1239	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00 Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR PAREDES, JUAN A 1400 SW 27TH AVENUE, SUITE #102 MIAMI, FL 331451239	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR PAREDES, FERNANDO 1400 SW 27TH AVENUE, SUITE #102 MIAMI, FL 331451239	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR GIBBS, CARLOS 1400 SW 27TH AVENUE, SUITE #102 MIAMI, FL 331451239	☐ 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
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

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: Paredes JUAN A PAREDES Mgr. 4/26/05
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

ATTACHMENT 20090714

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 B

0134865162

Your Telephone Number
( ) -
_____

Best Time to Call
_____

DATE OF THIS NOTICE: 06-20-2005
EMPLOYER IDENTIFICATION NUMBER: 59-3807434
FORM: SS-4 NOBOD

INTERNAL REVENUE SERVICE
P.O. BOX 9003
HOLTSVILLE NY 11742-9003

JAFECA LLC
COLMENARES-LOPEZ MARY MBR
1400 SW 27 AVE APT 102
MIAMI FL 33145