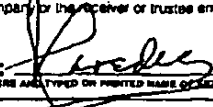
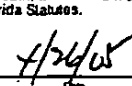


FILED
Jun 27, 2005 8:00 am
Secretary of State

05-02-2005 90091 036 ****50.00

2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L03000044296			
1. Entity Name JAFECA LLC			
Principal Place of Business INTERNATIONAL TOWERS 1400 SW 27TH AVENUE, SUITE #102 MIAMI, FL 33145-1239		Mailing Address INTERNATIONAL TOWERS 1400 SW 27TH AVENUE, SUITE #102 MIAMI, FL 33145-1239	
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 9-3807434		CR2E083 (10/03)	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GOMEZ, RAMON INTERNATIONAL TOWERS 1400 SW 27TH AVENUE, SUITE #102 MIAMI, FL 33145-1239		7. Name and Address of New Registered Agent 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 registering)			
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 for the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE:  JUAN A. PAREDES MGR.		 4/24/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	

ATTACHMENT
30009744

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