2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE

Mar 20, 2006 08:00 AM DOCUMENT # L04000033944 Secretary of State 1. Entity Name EXPRESSO, L.L.C. Mailing Address Principal Place of Business 4362 PINE RIDGE COURT 7383 DAVIE ROAD EXTENSION WESTON FL 33331 DAVIE FL 33024 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) Applied For City & State City & State 4. FEI Number 20-2560648 Not Applicati Ζiρ Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Cuffent Registered Agent 7. Name and Address of New Registered Agent Name VEGA, JUAN Street Address (P.O. Box Number is Not Acceptable) 4362 PINE RIDGE COURT WESTON FL 33331 City 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 Spoulure, typing or printed neare of registered agent and tree it applicable DATE (NOTE Registered Agent signature required when reinstalling) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. ☐ Change □ ******* TITLE TITLE MGRM Delete U0000047508S NAME NAME VEGA, JUAN 4362 PINE RIDGE COURT STREET ADDRESS STREET ADDRESS 04/05/06-80001-015 50.00 CITY-ST-ZIP CITY-ST-ZIP WESTON FL 33331 ☐ Change Acces ☐ Defete TITLE THE MGRM NAME NAME VEGA, EUGENIA STREET ADDRESS STREET ADDRESS 4362 PINE RIDGE COURT CITY-ST-ZIP CITY-ST-ZIF WESTON FL 33331 ☐ Change ☐ Additions ☐ Delete та TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Defete ☐ Change Addition . TITLE TITLE NAME NAME STRUCT ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP ☐ Change Addition Oelete TITLE DITE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CATY-ST-ZIP ☐ Change ☐ Addition SILE ☐ Delete $\Pi\Pi E$ NAME NAME STREET ADDRESS STREET AODRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. 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 irmited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

FILED

954

389-1608

3-16-06