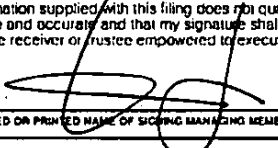


FILED
May 27, 2005 8:00 am
Secretary of State

05-06-2005 90030 041 ****50.00

2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L04000045571			
1. Entity Name ESTRUCH & MIKELA, LLC			
Principal Place of Business 4345 NW 97 AV 2245 N.W. 110 AVE MIAMI, FL 33178 MIA, FL 33172		Mailing Address 4345 NW 97 AV MIAMI, FL 33178	
2. Principal Place of Business 2245 N.W. 110 AVE Suite, Apt. #, etc.		3. Mailing Address 2245 N.W. 110 AVE Suite, Apt. #, etc.	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33172		Country	
Zip 33172		Country	
4. FEI Number 421645408		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent CARIDE, RAQUEL 4345 NW 97 AV MIAMI, FL 33178		7. Name and Address of New Registered Agent Name CARIDE, RAQUEL Street Address (P.O. Box Number is Not Acceptable) 2245 N.W. 110 AVE City MIA FL Zip Code 33172	
B. 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 also if applicable (NOTE: Registered Agent signature required when re-registering) DATE			
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARIDE, RAQUEL 4345 NW 97 AV MIAMI, FL 33178 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2245 N.W. 110 AVE MIA, FL 33172 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROJAS, MARIA L 4345 NW 97 AV MIAMI, FL 33178 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2245 N.W. 110 AVE MIA, FL 33172 ☒ 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 60A, Florida Statutes.			
SIGNATURE: 		5/1/05 305-477-9996	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone	