



# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90038 049 \*\*\*\*\*50.00

<b>DOCUMENT # L04000062669</b> 1. Entity Name <b>DAJU, LLC</b>					
Principal Place of Business <b>2450 NE MIAMI GARDENS DRIVE SECOND FLOOR MIAMI, FL 33180 US</b>				Mailing Address <b>2450 NE MIAMI GARDENS DRIVE SECOND FLOOR MIAMI, FL 33180 US</b>	
2. Principal Place of Business		3. Mailing Address <b>1835 NE Miami Gardens Dr. #221 no. Miami Beach, FL</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. <b>#221</b>		04152005 Chg-LLC CR2E083 (10/03)	
City & State 		City & State <b>no. Miami Beach, FL</b>		4. FEI Number <b>20-1535062</b>	
Zip 		Zip <b>33179</b>		Country <b>MIA-DADE</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>SUPRASKI, LOUIS A 2450 NE MIAMI GARDENS DRIVE 2ND FLOOR MIAMI, FL 33180</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MORELL, ISOLDA 2450 NE MIAMI GARDENS DRIVE MIAMI, FL 33180	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MONTERREY, LEOPOLDO 2450 NE MIAMI GARDENS DRIVE MIAMI, FL 33180	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <u><i>Isolda Morell</i></u> <span style="float: right;">4/15/05</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>		