# 2005 LIMITED LIABILITY COMPANY
## ANNUAL REPORT

**DOCUMENT # L04000076033**

1. Entity Name
**MIAMI COFFEE ENTERPRISES, LLC**

| Principal Place of Business | Mailing Address |
|---|---|
| C/O ROBERT ALLEN LAW<br>1441 BRICKELL AVENUE, SUITE 1014<br>MIAM, FL 33131 | C/O ROBERT ALLEN LAW<br>1441 BRICKELL AVENUE, SUITE 1014<br>MIAM, FL 33131 |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 1441 BRICKELL AVE | 1441 BRICKELL AVE |
| Suite, Apt. #, etc. **1400** | Suite, Apt. #, etc. **1400** |
| City & State **MIAMI, FL** | City & State **MIAMI, FL** |

| Zip | Country | Zip | Country |
|---|---|---|---|
| 33131 | USA | 33131 | USA |

02042005   Chg-LLC   CR2E083 (10/03)

4. FEI Number **20-1795845**   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 |
|---|---|
| ROBERT ALLEN LAW<br>1441 BRICKELL AVENUE, SUITE 1014<br>MIAMI, FL 33131 | Name **ROBERT ALLEN LAW**<br>Street Address (P.O. Box Number is Not Acceptable) **1441 BRICKELL AVE**<br>**SUITE 1400**<br>City **MIAMI**   **FL**   Zip Code **33131** |

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 _____ By: Umberto Bonavita Asst. Vice Pres _____ 5/16/05
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

**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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>Peralta, Ernesto<br>1441 Brickell Ave, Ste. 1400<br>Miami, FL 33131 | ☐ Change | ☒ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Change | ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Change | ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Change | ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Change | ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>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: _____ By: Umberto Bonavita   5/16/05   305-372-3300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #