


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 10, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000076033 1. Entity Name MIAMI COFFEE ENTERPRISES, LLC	
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Principal Place of Business C/O 1441 BRICKELL AVE SUITE 1400 MIAMI, FL 33131	Mailing Address C/O ROBERT ALLEN LAW 1441 BRICKELL AVE, STE. 1400 MIAMI, FL 33131
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02112008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1795845	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent ROBERT ALLEN LAW 1441 BRICKELL AVENUE SUITE 1400 MIAMI, FL 33131

**DO NOT WRITE
IN THIS SPACE**

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.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PERALTA, ERNESTO C/O 1441 BRICKELL AVE, STE 1400 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALTAMIRANO, ENRIQUE C/O 1441 BRICKELL AVE., STE 1400 MIAMI, FL 33131
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U000000854140
03/26/08-80096-014 138.75

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: 	_____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	_____ <small>Date</small>	_____ <small>Daytime Phone #</small>
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