2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2006
Secretary of State

DOCUMENT# L05000038900

Entity Name: ANGELES DESSERTS LLC

Current Principal Place of Business:

6832 NW 179 STREET - STE. 301
MIAMI, FL 33015

New Principal Place of Business:

6980 N.W. 186 STREET
3-315
MIAMI, FL 33015

Current Mailing Address:

6832 NW 179 STREET - STE. 301
MIAMI, FL 33015

New Mailing Address:

6980 N.W. 186 STREET
3-315
MIAMI, FL 33015

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ANGELES, IVELISSE I
6832 NW 179 STREET - STE. 301
MIAMI, FL 33015 US

Name and Address of New Registered Agent:

ANGELES, IVELISSE I
6980 N. W. 186 STREET
3-315
MIAMI, FL 33015 US

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.

SIGNATURE: IVELISSE ANGELES 04/27/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: ANGELES, IVELISSE I
Address: 6832 NW 179 STREET - STE. 301
City-St-Zip: MIAMI, FL 33015

Title: MGRM ( ) Delete
Name: PACHECO, IVELISSE
Address: 16101 NW 79 COURT
City-St-Zip: MIAMI LAKES, FL 33016

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: ANGELES, IVELISSE I
Address: 6980 N. W. 186 STREET, #3-315
City-St-Zip: MIAMI, FL 33015

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: IVELISSE ANGELES MGR 04/27/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date