2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 29, 2008
Secretary of State

DOCUMENT# L07000118940

Entity Name: NIKIN CAFE, LLC

Current Principal Place of Business:

705 NE 167 STREET
NORTH MIAMI BEACH, FL 33162

New Principal Place of Business:

Current Mailing Address:

705 NE 167 STREET
NORTH MIAMI BEACH, FL 33162

New Mailing Address:

FEI Number: 26-1477061 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OWANIKIN, JOSEPH A
705 NE 167 STREET
NORTH MIAMI BEACH, FL 33162 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: PIERRE-OWANIKIN, EDLINE
Address: 705 NE 167 STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: MGR ( ) Delete
Name: OWANIKIN, JOSEPH A
Address: 705 NE 167 STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: MGR ( ) Delete
Name: SANON, JACQUES
Address: 705 NE 167 STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33162

ADDITIONS/CHANGES:

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

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

Title: MGR (X) Change ( ) Addition
Name: OWANIKIN, ROBERT A
Address: 705 NE 167 STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33162

I hereby certify that the information supplied with this filing does not qualify 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: JOSEPH A. OWANIKIN MGR 02/29/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date