

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L07000118940

FILED
Mar 06, 2008
Secretary of State**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 (X) Delete
Name: OWANIKIN, ROBERT A
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:** () Change () Addition
Name:
Address:
City-St-Zip:

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

03/06/2008

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