

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 27, 2005 8:00 am
Secretary of State

01-27-2005 90077 010 ****50.00

DOCUMENT # L99000000041	
1. Entity Name DUOMO FOOD CONCEPTS - DORAL L.L.C.	

Principal Place of Business 10650 N.W. 41ST STREET MIAMI, FL 33178	Mailing Address 10650 N.W. 41ST STREET MIAMI, FL 33178
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. Ste: G-203		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent	
CORPORATION COMPANY OF MIAMI 1500 MIAMI CENTER, 201 S. BISCAYNE BLVD. MIAMI, FL 33131	



01132005 Chg-LLC CR2E083 (10/03)

4. FEI Number 65-0900882	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PALENZONA, ROMANO 10540 NW 26 ST. SUITE G-104 MIAMI, FL 33172 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 10540 NW 26 St. Ste: G-203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PALENZONA, PATRIZIA 10540 NW 26 ST., SUITE G-104 MIAMI, FL 33172 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 10540 NW 26 St. Ste: G-203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS 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: Patrizia Palenzona - PATRIZIA PALENZONA 1/13/05 (305) 718 4148
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #