


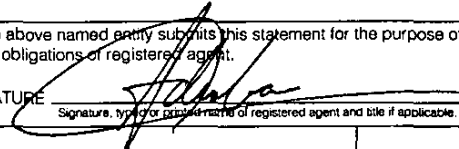
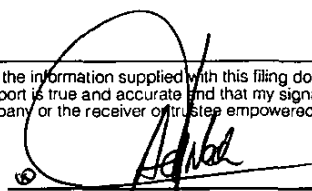
2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90198 048 ****50.00

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| DOCUMENT # L01000008221 | | | |  | |
| 1. Entity Name JOEY'S DORAL, L.L.C. | | | | | |
| Principal Place of Business 11400 NW 41 STREET UNIT 112 MIAMI, FL 33178 | | Mailing Address 1750 NW 66 AVENUE, STE. 212 MIAMI, FL 33126 | | | |
| 2. Principal Place of Business 11402 NW 41 st street | | 3. Mailing Address 11402 NW 41 st street | | | |
| Suite, Apt. #, etc. 112 | | Suite, Apt. #, etc. 112 | | | |
| City & State Doral FL. | | City & State Doral FL | | 4. FEI Number 65-1106937 | |
| Zip 33178 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent MORENO, ADOLFO 1750 NW 66 AVENUE, STE. 212 MIAMI, FL 33126 | | | 7. Name and Address of New Registered Agent Name: Moreno, Adolfo Street Address (P.O. Box Number is Not Acceptable): 11402 NW 41 st Street Suite 112 City: Doral FL Zip Code: 33178 | | |
| 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 reinstating) | | DATE | |
| Filing Fee is \$50.00 Due by May 1, 2005 | | | Make check payable to Florida Department of State | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR AIRLINE MANAGEMENT GROUP, INC. 1750 NW 66 AVENUE, STE. 212 MIAMI, FL 33126 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR Adolfo Moreno 11402 NW 41 st street suite 112 Doral FL 33178 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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:  | | Adolfo Moreno - Manager. 1-17-05 (305) 513-0224 | | Date Daytime Phone # | |