

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000050686

Entity Name: POSTRES BY MAFE LLC**Current Principal Place of Business:**10771 SW 67 DRIVE
MIAMI, FL 33173**Current Mailing Address:**10771 SW 67 DRIVE
MIAMI, FL 33173 US**FEI Number:** 46-2465702**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LABROZZI & CO, PA
1395 BRICKELL AVENUE
SUITE 3311
MIAMI, FL 33131 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:**

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title PRESIDENT
Name MASIS-GALVEZ, MARIA F
Address 10771 SW 67 DRIVE
City-State-Zip: MIAMI FL 33173

Title OFFICER
Name AGUERRI, CARLOS F SR.
Address 10771 SW 67 DRIVE
City-State-Zip: MIAMI FL 33173

Title OFFICER
Name AGUERRI, ALEJANDRO A SR.
Address 10771 SW 67 DRIVE
City-State-Zip: MIAMI FL 33173

Title OFFICER
Name GALVEZ, GABRIEL E SR.
Address 10771 SW 67 DRIVE
City-State-Zip: MIAMI FL 33173

Title OFFICER
Name GALVEZ, JORGE L SR.
Address 10771 SW 67 DRIVE
City-State-Zip: MIAMI FL 33173

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARIA F MASIS-GALVEZ

PRESIDENT

03/06/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date