


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90452 014 ****50.00

DOCUMENT # L03000007611

1. Entity Name
TORERO, LLC



Principal Place of Business
**401 BISCAYNE BOULEVARD R-104
 MIAMI, FL 33132**

Mailing Address
**C/O ALVAREZ, TAYLOR, ELIAIEK & RODRIGUEZ P.
 815 PONCE DE LEON BOULEVARD THIRD FL
 CORAL GABLES, FL 33134**

2. Principal Place of Business *Same*


3. Mailing Address *Same*

Suite, Apt. #, etc.

City & State

Zip Country

24049837



03082004 Chg-LLC CR2E083 (10/03)

4. FEI Number **35-2201333** Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
**ALVAREZ, TAYLOR, ELIAIEK & RODRIGUEZ P.L.
 815 PONCE DE LEON BOULEVARD THIRD FLOOR
 CORAL GABLE, FL 33134**

7. Name and Address of New Registered Agent
 Name *Same*
 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 reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DEL RIO, LUIS 401 BISCAYNE BOULEVARD R-104 MIAMI, FL 33132 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LOSADA, RAMON 401 BISCAYNE BOULEVARD R-104 MIAMI, FL 33132 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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: *Ramon Losada* **RAMON LOSADA** **4/15/2004** **786 3265484**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #