


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 23, 2007 08:00 A
Secretary of State

DOCUMENT # L0500000551 1. Entity Name DAFONTI NUTRIPHARM, LLC	
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Principal Place of Business 17251 SW 12TH STREET PEMBROKE PINES, FL 33029	Mailing Address 17251 SW 12TH STREET PEMBROKE PINES, FL 33029
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DO NOT WRITE IN THIS SPACE



02242007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-2140876	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

VICENTE, DANIEL
17251 SW 12TH ST
PEMBROKE PINES, FL 33029

**DO NOT WRITE
IN THIS SPACE**

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 _____

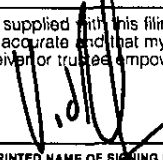
**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DANIEL-GONZALEZ, VICENTE 17251 SW 12TH STREET PEMBROKE PINES, FL 33029
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FONTIRROCHE-ESCOBAR, GIUVEL 1901 SW 59 AVENUE MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM NEGREIRA, MANNY 698 NW 106 AVENUE CORAL SPRINGS, FL 33071
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GONZALEZ, JORGE L 6215 WEST 22 COURT, APT 7 HIALEAH, FL 33017
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

U00000675814
03/30/07-80035-001 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  _____

Date: III/20/07 (954) 701-4077
(904) 938-8828 *Call off*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE