


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000097840

1. Entry Name
ECUFOODS LLC



Principal Place of Business 396 ALHAMBRA CIRCLE SUITE 100 CORAL GABLES, FL 33134	Mailing Address 396 ALHAMBRA CIRCLE SUITE 100 CORAL GABLES, FL 33134
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DO NOT WRITE IN THIS SPACE



01182008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-3609744	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

**MURAI WALD BIONDO MORENO & BROCHIN, P.A.
 TWO ALHAMBRA PLAZA
 PENTHOUSE 1-B
 CORAL GABLES, FL 33134**

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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: _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

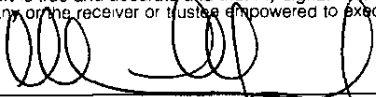
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ISAIAS, ROBERTO 396 ALHAMBRA CIRCLE, SUITE 100 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ISAIAS, ESTEFANO 396 ALHAMBRA CIRCLE, SUITE 100 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ISAIAS, WILLIAM 396 ALHAMBRA CIRCLE, SUITE 100 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U00000921348
 05/15/08-80003-005 138.75

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:** 04/21/08 **Daytime Phone #** _____

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