


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 03, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # M02000001451  
 1. Entity Name  
 PUEBLO INTERNATIONAL, LLC



Principal Place of Business  
 CAMPO RICO AVENUE  
 CORNER LOIZA EXPRESSWAY  
 CAROLINA, PR 00982

Mailing Address  
 ATT-TAX DEPT  
 1300 NW 2ND STREET  
 POMPANO BEACH, FL 33069

**DO NOT WRITE IN THIS SPACE**



01192004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 66-0213117	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent  
 VEGA, JOSE  
 1300 NW 22ND STREET  
 POMPANO BEACH, FL 33069

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CISNEROS, GUSTAVO A 1300 NW 22ND STREET POMPANO BEACH, FL 33069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KEON, WILLIAM T III 1300 NW 22ND STREET POMPANO BEACH, FL 33069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BANDEL, STEVEN 1300 NW 22ND STREET POMPANO BEACH, FL 33069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RIVERA, ALEJANDRO 1300 NW 22ND STREET POMPANO BEACH, FL 33069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PIERETTI, CRISTINA 1300 NW 22ND STREET POMPANO BEACH, FL 33069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CISNEROS, GUILLERMO 1300 NW 22ND STREET POMPANO BEACH, FL 33069

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 02/03/04-80032-032 5.00

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 02/03/04-80032-033 50.00

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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)(f), 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: Daniel J. O'Kroy 1/25/04 954-977-2000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #