

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000025185

Entity Name: XAGRO LLC

FILED  
Apr 23, 2007  
Secretary of State

## Current Principal Place of Business:

1840 WEST 49TH ST.  
#220-10  
HIALEAH, FL 33012

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 144484  
CORAL GABLES, FL 33114 US

## New Mailing Address:

FEI Number: 55-0863322

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

ORDONEZ, SANTANDER B  
1840 WEST 49TH ST.  
#220-04  
HIALEAH, FL 33012 US

## Name and Address of New Registered Agent:

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

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: DE PRAT, DOLORES A MS.  
Address: 1840 WEST 49TH ST. #220-04  
City-St-Zip: HIALEAH, FL 33012

Title: MGRM ( ) Delete  
Name: DE PRAT, ALVARO MR.  
Address: 1840 WEST 49TH ST. #220-04  
City-St-Zip: HIALEAH, FL 33012

Title: MGRM ( ) Delete  
Name: DE PRAT, THERESA MS.  
Address: 1840 WEST 49TH ST. #220-04  
City-St-Zip: HIALEAH, FL 33012

Title: MGRM ( ) Delete  
Name: DE PRAT, ISIDRO MR.  
Address: 1840 WEST 49TH ST. #220-04  
City-St-Zip: HIALEAH, FL 33012

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: MS. DOLORES A. DE PRAT

MGRM

04/23/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date