

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Apr 01, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # L00000000182**

**1. Entity Name  
D & Y INTERNATIONAL, LLC**



**Principal Place of Business**

**2324 N.W. 5TH AVE.  
MIAMI, FL 33127**

**Mailing Address**

**2324 N.W. 5TH AVE.  
MIAMI, FL 33127**



**03302005No Chg-LLC**

**CR2E083 (10/03)**

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number  
65-0973789**

**Applied For  
Not Applicable**

**5. Certificate of Status Desired**

**\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**FULLER BECHNAINOU, DEANNA  
2324 N.W. 5TH AVE.  
MIAMI, FL 33127**

**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**

**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, 2005**

**DATE  
04/01/05-80056-023 55:00**

**9. MANAGING MEMBERS/MANAGERS**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
BECHNAINOU, DEANNA F  
2324 N.W. 5TH AVE.  
MIAMI, FL 33127**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
BECHNAINOU, YVES  
2324 NW 15TH AVENUE  
MIAMI, FL 33127**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**DO NOT WRITE  
IN THIS SPACE**

**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 60B, Florida Statutes.**

**SIGNATURE:**

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

**Date**

**Daytime Phone #**

**03/30/05 305-576-0884**