


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90066 037 \*\*\*\*50.00

DOCUMENT # L00000007605			
1. Entity Name DOUS INTERNATIONAL IMPORT-EXPORT, L.L.C.			
Principal Place of Business 1495 MIRA VISTA CIRCLE WESTON, FL 33327		Mailing Address 1495 MIRA VISTA CIRCLE WESTON, FL 33327	
2. Principal Place of Business 2080 S. OCEAN DR Suite, Apt. #, etc. 1405.		3. Mailing Address SAME.	
City & State Hallandale FL		City & State	
Zip 33009		Country	
6. Name and Address of Current Registered Agent DOUSDEBES, EDUARDO 1495 MIRA VISTA CIRCLE WESTON, FL 33327		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2080 S. OCEAN DR. # 1405. City Hallandale FL Zip Code 33009.	
4. FEI Number 65-1026729			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
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, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DOUSDEBES, EDUARDO 1495 MIRA VISTA CIRCLE WESTON, FL 33327 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2080 S. OCEAN DR. # 1405 HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V DOUSDEBES, EDUARDO C 1495 MIRA VISTA CIRCLE WESTON, FL 33327 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2080 S. OCEAN DR. # 1405 HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T DOUSDEBES, MAURICIO J 1495 MIRA VISTA CIRCLE WESTON, FL 33327 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2080 S OCEAN DR. # 1405 HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T DOUSDEBES, JAVIER C 1495 MIRA VISTA CIRCLE WESTON, FL 33327 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 2080 S OCEAN DR. # 1405 HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T CORRERA, SUSANA 1495 MIRA VISTA CIRCLE WESTON, FL 33327 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 2080 S OCEAN DR. # 1405 HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11: I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>X [Signature]</u>		Date: <u>4.19.04</u> Daytime Phone #: <u>954-4582286</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			