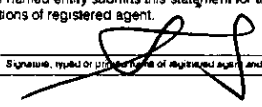
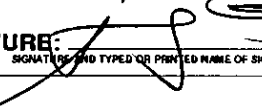


FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90044 003 ****50.00

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

30052148

DOCUMENT # L00000011404		
1. Entity Name FARMS TO GO, L.L.C.		
Principal Place of Business 2928 NW 72 AVE MIAMI, FL 33122		Mailing Address 2928 NW 72 AVE MIAMI, FL 33122
2. Principal Place of Business 7901 NW 21 STREET Suite, Apt. #, etc.		3. Mailing Address 7901 NW 21 STREET Suite, Apt. #, etc.
City & State MIAMI, FL		City & State MIAMI, FL
Zip 33122	Country USA	Zip 33122
Country USA		4. FEI Number 65-1045741
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		Applied For Not Applicable
6. Name and Address of Current Registered Agent HUERTAS, SAMUEL 2928 NW 72 AVE MIAMI, FL 33122		7. Name and Address of New Registered Agent Name HUERTAS, SAMUEL Street Address (P.O. Box Number is Not Acceptable) 7901 NW 21 STREET City MIAMI FL Zip Code 33122
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 04/04/2003 (NOTE: Registered Agent's signature is required when changing.)		
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003		
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM INVERSIONES PESCEVINO DE COLOMBIA S.A. CARRERA 23, NO. 7528 BOGOTA COLOMBIA, ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HUERTAS & HUERTAS ASOC. LIMITADA, LC 7901 NW 21 STREET MIAMI, FL 33122 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HUERTAS, SAMUEL O MANAGER 7901 NW 21 STREET MIAMI, FL 33122 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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 606, Florida Statutes. SIGNATURE:  SAMUEL HUERTAS DATE 04/04/2003 DAYTIME PHONE # 305-4069485 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		

CR2083 (10/02)