

# 2004 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

APPROVED  
AND  
FILED

04 JUN -4 AM 10:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # L01000005440</b>	
1. Entity Name <b>SOTO IMPORT &amp; EXPORT COMPANY LLC</b>	



Principal Place of Business <b>440 N.E. 32ND STREET OAKLAND PARK, FL 33334</b>	Mailing Address <b>440 N.E. 32ND STREET OAKLAND PARK, FL 33334</b>
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2. Principal Place of Business <b>3547 NW 10th Ave.</b>	3. Mailing Address <b>3547 NW 10th Ave.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.



03172003 Chg-LLC CR2E083 (10/03)

City & State <b>OAKLAND PARK, FL</b>	City & State <b>OAKLAND PARK, FL</b>
Zip <b>33309</b>	Country <b>BROWARD</b>
Zip <b>33309</b>	Country <b>Broward.</b>

4. FEI Number <b>65-1095312</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent	
<b>SOTO, JUAN M 1067 BRIAR RIDGE ROAD WESTON, FL 33327</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 \_\_\_\_\_

Amended AR is \$50.00	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SOTO, JUAN MANUEL 1067 BRIAR RIDGE RD WESTON, FL 33327 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ELENA GOMEZ, BEATRIZ 1067 BRIAR RIDGE RD WESTON, FL 33327 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DAWSON, KENNETH 101 MARY KAY CT BRANDON, FL 33511 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>000037839250 06/10/04--01008--018 **55.00</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:	JUAN SOTO	MANAGER	05-24-2004	954-240-6501
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	Daytime Phone #	