


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 02, 2004 8:00 am
Secretary of State

08-02-2004 90115 007 ****50.00

DOCUMENT # L01000006622	
1. Entity Name PARADISE IMPORT & EXPORT L.L.C.	

Principal Place of Business 100 BAYVIEW DR. APT. 1628 MIAMI BEACH, FL 33160	Mailing Address 100 BAYVIEW DR. APT. 1628 MIAMI BEACH, FL 33160
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2. Principal Place of Business 17021 North Bay Rd	3. Mailing Address 17021 North Bay Rd
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Suite, Apt. #, etc. Bldg. 4#905	Suite, Apt. #, etc. Bldg. 4#905
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City & State Sunny Isles Beach, FL	City & State Sunny Isles Beach, FL
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Zip 33160	Country USA	Zip 33160	Country USA
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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BRONSTEIN, FELIPE 100 BAYVIEW DR. APT. 1628 MIAMI BEACH, FL 33160	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL Zip Code	

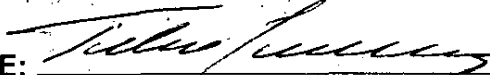
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by September 8, 2004	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRONSTEIN, FELIPE 100 BAYVIEW DR. APT. 1628 MIAMI BEACH, FL 33160 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRONSTEIN, ETHEL T 100 BAYVIEW DR. APT. 1628 MIAMI BEACH, FL 33160 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Moises Tisminesky (MGRM) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 17021 North Bay Rd Bldg. 4#905 Sunny Isles Beach, FL 33160
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
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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: 	Date 7/27/04	Daytime Phone # 786-468-3543
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		