

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000011963

Entity Name: FRUTROPIC, LLC

FILED
Jul 21, 2006
Secretary of State

Current Principal Place of Business:

50 SW 10 STREET
SUITE 812
MIAMI, FL 33130

New Principal Place of Business:

Current Mailing Address:

50 SW 10 STREET
SUITE 812
MIAMI, FL 33130

New Mailing Address:

FEI Number: 38-3648096 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

DIAZ-SARMIENTO, GABRIEL S CPA
15588 SW 62 STREET
MIAMI, FL 33193 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LOPEZ, JUAN PABLO
Address: 50 SW 10 STREET, SUITE 812
City-St-Zip: MIAMI, FL 33130

Title: MGRM () Delete
Name: GARCES, DANIELA
Address: 50 SW 10 STREET, SUITE 812
City-St-Zip: MIAMI, FL 33130

Title: MGRM () Delete
Name: DE FRESCURA LTDA,
Address: 50 SW 10 STREET, SUITE 812
City-St-Zip: MIAMI, FL 33130

Title: MGR () Delete
Name: MALDONADO, IGNACIO
Address: 50 SW 10 STREET, SUITE 812
City-St-Zip: MIAMI, FL 33130

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MALDONADO, IGNACIO

MGR

07/21/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date