


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 14, 2004 8:00 am**  
**Secretary of State**

04-14-2004 90281 027 \*\*\*\*50.00

<b>DOCUMENT # L01000016587</b>					
<b>1. Entity Name</b> AGROINDUSTRIES FLORIS, LLC					
<b>Principal Place of Business</b> 2400 SW 65TH AVE. MIAMI, FL 33155			<b>Mailing Address</b> 2400 SW 65TH AVE. MIAMI, FL 33155		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 65-1140589	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>Applied For</b> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> EMMANUEL DE ARIAS, ZONIA E 2400 SW 65TH AVE. MIAMI, FL 33155				<b>7. Name and Address of New Registered Agent</b> Name <u>PAOLA SANCHEZ</u> Street Address (P.O. Box Number is Not Acceptable) <u>221 MAJORCA AVE #306</u> City <u>CORAL GABLES</u> <b>FL</b> Zip Code <u>33134</u>	
<b>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.</b>					
SIGNATURE <u>[Signature]</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE <u>04/08/04</u>	
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ZONIA ERNESTINA EMMANUEL DE ARIAS 2400 SW 65TH AVE. MIAMI, FL 33155	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GALDOS ENMANUEL, GABRIEL 2400 SW 65TH AVE. MIAMI, FL 33155	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SANCHEZ PAOLA 221 MAJORCA AVE #306 CORAL GABLES, FL 33134	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SANCHEZ PAOLA 221 MAJORCA AVE #306 CORAL GABLES, FL 33134	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SANCHEZ PAOLA 221 MAJORCA AVE #306 CORAL GABLES, FL 33134	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SANCHEZ PAOLA 221 MAJORCA AVE #306 CORAL GABLES, FL 33134	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.</b>					
SIGNATURE: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date <u>04/08/04</u> Daytime Phone # <u>(786) 268-0901</u>	