


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90029 036 *****55.00

DOCUMENT # L01000019394	
1. Entity Name TFE INTERNATIONAL LLC	

Principal Place of Business 8045 SW 107TH AVE. 120 MIAMI, FL 33173	Mailing Address 8045 SW 107TH AVE. 120 MIAMI, FL 33173
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20049913



2. Principal Place of Business PO BOX 523223 Suite, Apt. #, etc.	3. Mailing Address PO BOX 523223 Suite, Apt. #, etc.
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02232005 Chg-LLC CR2E083 (10/03)

City & State MIAMI FL	City & State MIAMI FL
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4. FEI Number 90-0009469	Applied For Not Applicable
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Zip 33152-3223	Country USA	Zip 33152-3223	Country USA
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent MAZUR, RICARDO MIGUEL 8045 SW 107TH AVE., #120 MIAMI, FL 33173	
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7. Name and Address of New Registered Agent Name MAZUR, RICARDO MIGUEL Street Address (P.O. Box Number is Not Acceptable) 415 NE 31st Way City OKEECHOBEE FL Zip Code 34974	
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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 04/20/05

**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MAZUR, RICARDO M 8045 SW 107TH AVE., #120 MIAMI, FL 33173 <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
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	MGRM MAZUR, RICARDO M 415 NE 31st Way OKEECHOBEE, FL 34974 <input checked="" 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
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:  RICARDO MAZUR	DATE 04/20/05 DAYTIME PHONE 786 2630740