


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 20, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L01000020566</b> 1. Entity Name EURASIA SEAFOOD, L.L.C.	
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Principal Place of Business ONE S.E. THIRD AVE. SUITE 2250 MIAMI, FL 33131	Mailing Address ONE S.E. THIRD AVE. SUITE 2250 MIAMI, FL 33131
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2. Principal Place of Business	3. Mailing Address	02072005	Chg-LLC	CR2E083 (10/03)
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number <b>NOT APPLICABLE</b>		
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required		
Zip	Country	Zip	Country	Applied For Not Applicable

<b>6. Name and Address of Current Registered Agent</b>  AMKGS REGISTERED AGENTS, INC. 2250 SUNTRUST INTERNATIONAL CENTER ONE S.E. THIRD AVE. MIAMI, FL 33131	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VANONI DARQUEA, XAVIER ONE S.E. THIRD AVE. MIAMI, FL 33131 <span style="float: right;"><input type="checkbox"/> Delete</span>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COGLITORE CASTILLO, SANDRO ONE S.E. THIRD AVE. MIAMI, FL 33131 <span style="float: right;"><input type="checkbox"/> Delete</span>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<span style="float: right;"><input type="checkbox"/> Delete</span>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<span style="float: right;"><input type="checkbox"/> Delete</span>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<span style="float: right;"><input type="checkbox"/> Delete</span>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<span style="float: right;"><input type="checkbox"/> Delete</span>

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<span style="float: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</span> 000000318068 04/20/05-80044-013 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<span style="float: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</span>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<span style="float: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</span>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<span style="float: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</span>

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 609, Florida Statutes.

**SIGNATURE:**  4/4/05 01159342808160

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #