

# **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000005067

**FILED**  
**Jul 16, 2004**  
**Secretary of State**

**Entity Name:** VARDEL INTERNATIONAL, L.L.C.

**Current Principal Place of Business:**

8059 NW 54 ST  
MIAMI, FL 33166

**New Principal Place of Business:**

1221 BRICKELL AVENUE  
SUITE 918  
MIAMI, FL 33131

**Current Mailing Address:**

% ALAYON & ASSOCIATES, P.A.  
2450 SW 137TH AVE., SUITE 221  
MIAMI, FL 33175

**New Mailing Address:**

1221 BRICKELL AVENUE  
SUITE 918  
MIAMI, FL 33131

**FEI Number:** 26-0054625

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

AMADOR, CARERA PA  
780 NW LOS JEUNE RD., #Y23  
MIAMI, FL 33126 US

**Name and Address of New Registered Agent:**

VILLANUEVA, SCOTT G ESQ.  
1221 BRICKELL AVENUE, SUITE 918  
MIAMI, FL 33131 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: SCOTT VILLANUEVA

07/16/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: VARDEL INTERNATIONAL, , INC.  
Address: 8059 NW 54 ST  
City-St-Zip: MIAMI, FL 33166

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: VARDEL INTERNATIONAL, , INC.  
Address: 1221 BRICKELL AVENUE, SUITE 918  
City-St-Zip: MIAMI, FL 33131

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ANGEL LUPI VALE

MGR

07/16/2004

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