2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2004
Secretary of State

DOCUMENT# L02000005227

Entity Name: IETZIK, L.L.C.

Current Principal Place of Business:

826 HARBOR INN DR.
CORAL SPRINGS, FL 33071

New Principal Place of Business:

40 NW 76 AV
206
PLANTATION, FL 33324

Current Mailing Address:

826 HARBOR INN DR.
CORAL SPRINGS, FL 33071

New Mailing Address:

40 NW 76 AV
206
PLANTATION, FL 33324

FEI Number: 04-3613365 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GUZMAN, MARIO I
9130 S DADELAND BLVD #1504
MIAMI, FL 33156 US

Name and Address of New Registered Agent:

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/MEMBERS:

Title: MGRM ( ) Delete
Name: WELEDNIGER, JAVIER EDUARDO
Address: 826 HARBOR INN DR.
City-St-Zip: CORAL SPRINGS, FL 33071

Title: MEM ( ) Delete
Name: INMOBAL NUTRER S.A.,
Address: RIVADAVIA 1369
City-St-Zip: BUENOS AIRES, ARGENTINA 1033,

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: WELEDNIGER, JAVIER EDUARDO
Address: 40 NW 76 AV #206
City-St-Zip: PLANTATION, FL 33324

Title: MGRM (X) Change ( ) Addition
Name: INMOBAL NUTRER S.A.,
Address: 40 NW 76 AV #206
City-St-Zip: PLANTATION, FL 33324

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: JAVIER WELEDNIGER MGRM 04/30/2004

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