


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 05, 2004 8:00 am
Secretary of State

02-05-2004 90079 019 ****50.00

DOCUMENT # L02000007329	
1. Entity Name PRO INTERNATIONAL FOODS LLC	

Principal Place of Business 1455 N.W. 107TH AVENUE ROOM #674 MIAMI INTERNATIONAL MALL MIAMI, FL 33172	Mailing Address 9400 S DADELAND BLVD., SUITE 600 MIAMI, FL 33156
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2. Principal Place of Business	3. Mailing Address 9524 SW 101 Terrace
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State MIAMI, FL
Zip	Country US
Country	Zip 33176



01162004 Chg-LLC CR2E083 (10/03)

4. FEI Number 02-0581261	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent RIFKIN, ELIOT W 9400 S. DADELAND BLVD., SUITE 600 MIAMI, FL 33156	
7. Name and Address of New Registered Agent Name Wayne Leventhal Street Address (P.O. Box Number is Not Acceptable) 9524 SW 101 Terrace City Miami FL Zip Code 33176	

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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE
Filing Fee is \$50.00 Due by May 1, 2004	Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DELP & CANG INVESTMENTS GROUP, LLC 9400 S. DADELAND BLVD., SUITE 600 MIAMI, FL 33156 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	mgr Wayne Leventhal 9524 SW 101 Terrace Miami, FL 33176 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #
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