


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000011105 1. Entity Name FLAVOUR, LLC	
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Principal Place of Business 2895 MCFARLANE RD. MIAMI, FL 33133	Mailing Address 2895 MCFARLANE RD. MIAMI, FL 33133
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04062004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 03-0442922	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent TERMINELLO, LOUIS J ESQ. TERMINELLO & TERMINELLO, P.A. 2700 S.W. 37TH AVE. MIAMI, FL 33133
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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 _____
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**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEEDS, ANDREW 2395 MCFARLANE ROAD MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRANOT, ROBERT JR 2395 MCFARLANE ROAD MIAMI, FL 33133
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04/27/04-80021-014 50.00

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: *Hugo Villanueva* *Hugo Villanueva* *4/13/04* *305.445.6571*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #