

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90531 014 *****55.00

| | | | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------------------------------------------------------|----------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|----|----------|
| DOCUMENT # L02000014421 | | | |  | | | |
| 1. Entity Name I.D.F. MANUFACTURE, L.L.C. | | | | | | | |
| Principal Place of Business 225 W 74TH PL HIALEAH, FL 33014 | | Mailing Address 225 W 74TH PL HIALEAH, FL 33014 | | | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | | |
| City & State | | City & State | | | | | |
| Zip | Country | Zip | Country | 02092005 Chg-LLC CR2E083 (10/03) 4. FEI Number <u>14-1859843</u> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> | | | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required | | | | | | | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | | | |
| SPINELLI, MARIO 11260 SW 95 ST. MIAMI, FL 33176 | | | Name | | | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| | | | City | | | FL | Zip Code |
| | | | | | | | |
| 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 _____ | | | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2005 | | | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | | | |
| TITLE | MGRG | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | ROCA, LEONARDO | | NAME | | | | |
| STREET ADDRESS | 16933 NW 53RD AVE | | STREET ADDRESS | | | | |
| CITY-ST-ZIP | MIAMI, FL 33055 | | CITY-ST-ZIP | | | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | NAME | | | | |
| STREET ADDRESS | | | STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | NAME | | | | |
| STREET ADDRESS | | | STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | NAME | | | | |
| STREET ADDRESS | | | STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | NAME | | | | |
| STREET ADDRESS | | | STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | | |
| 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: _____ | | | Date <u>3/7/05</u> Daytime Phone # _____ | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | | | | | |

20022993



ATTACHMENT



20022993

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

February 28, 2005

I.D.F. MANUFACTURE, L.L.C.
225 W 74TH PL
HIALEAH, FL 33014

SUBJECT: I.D.F. MANUFACTURE, L.L.C.
Ref. Number: L02000014421

We have received your document for I.D.F. MANUFACTURE, L.L.C. and check(s) totaling \$205.00. However, your check(s) and document are being returned for the following:

The fee to file the limited liability company annual report/uniform business report form is \$50. Please include an additional \$5 for each certificate of status requested.

The document must be signed by a member or manager of the limited liability company.

Please return your document, along with a copy of this letter, within 30 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Registration/Qualification Section
Division of Corporations Letter Number: 205A00013695