


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 16, 2005 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # L02000023019 1. Entity Name VIVAI INTERNATIONAL LLC |  |
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|--|--|
| Principal Place of Business 1300 BRICKELL AVENUE MIAMI, FL 33131 | Mailing Address 1300 BRICKELL AVENUE MIAMI, FL 33131 |
|--|--|

DO NOT WRITE IN THIS SPACE



01252005No Chg-LLC

CR2E083 (10/03)

| | |
|---|--------------------------------|
| 4. FEI Number 22-3890766 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

| | |
|---|---------------------------------------|
| 6. Name and Address of Current Registered Agent SANCHEZ, MILAGROS 1300 BRICKELL AVENUE MIAMI, FL 33131 | DO NOT WRITE IN THIS SPACE |
|---|---------------------------------------|

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)

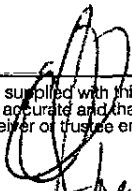
DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR VIVAI INTERNATIONAL MANAGEMENT LLC 1300 BRICKELL AVE MIAMI, FL 33131 |
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03/16/05-80063-025 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:  *Milagros Sanchez* **3/2/05** **305-446-3177**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #