


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90123 002 ****55.00

DOCUMENT # L03000004853	
1. Entity Name TIDAL PACKAGING & TRANSPORT LLC	

Principal Place of Business 5030 NW 109TH AVE. SUITE H SUNRISE, FL 33351	Mailing Address 5030 NW 109TH AVE. SUITE H SUNRISE, FL 33351
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24063149



2. Principal Place of Business 15127 NW 7th CT Suite, Apt. #, etc.	3. Mailing Address 15127 NW 7th CT Suite, Apt. #, etc.
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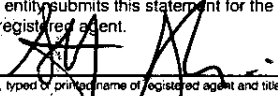
04282004 Chg-LLC CR2E083 (10/03)

City & State Pembroke Pines, FL Zip 33028 Country USA	City & State Pembroke Pines, FL Zip 33028 Country USA
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4. FEI Number 74-3077619	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

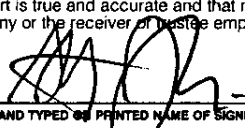
6. Name and Address of Current Registered Agent GRAZIOLI, STEFAN 12730 VISTA ISLE DR. #828 SUNRISE, FL 33325
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7. Name and Address of New Registered Agent Name: Stefan Grazioli Street Address (P.O. Box Number is Not Acceptable) 15127 NW 7th CT City: Pembroke Pines FL Zip Code 33028
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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:  (NOTE: Registered Agent signature required when reinstating) DATE: 4/29/04

Filing Fee is \$50.00 Due by May 1, 2004	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GRAZIOLI, STEFAN 12730 VISTA ISLE DR. #828 SUNRISE, FL 33351 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Stefan Grazioli 15127 NW 7th CT Pembroke Pines, FL 33028 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PARKER, STEVEN 8701 NW 48TH ST. LAUDERHILL, FL 33351 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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
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
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
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

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 of 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: 4/29/04 Daytime Phone #