


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 12, 2004 8:00 am
Secretary of State

05-12-2004 90007 011 *****50.00

DOCUMENT # L03000006223 1. Entity Name ART4FOOD, L.L.C.					
Principal Place of Business 2220 SW 128 COURT MIAMI, FL 33175 US			Mailing Address 2220 SW 128 COURT MIAMI, FL 33175 US		
2. Principal Place of Business 500 ZAMORA AVE Suite, Apt. #, etc.			3. Mailing Address 500 ZAMORA AVE Suite, Apt. #, etc.		
City & State CORAL GABLES FL.			City & State CORAL GABLES FL		
Zip 33134		Country USA		4. FEI Number 03022003 Chg-LLC CR2E083 (10/03)	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		Applied For <input checked="" type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent PEDRON, ANNA E 2220 SW 128 CT MIAMI, FL 33175			7. Name and Address of New Registered Agent Name Anna E. Pedron Street Address (P.O. Box Number is Not Acceptable) 5601 Collins Ave #410 City MIAMI Beach FL 33140		
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 <u><i>Anna Elena Pedron</i></u> DATE <u>5/8/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by September 8, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS:			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ARTILES, ARTHUR 11043 SW 129 PLACE MIAMI, FL 33186	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PEDRON, ANNA E 2220 SW 128 CT MIAMI, FL 33175	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 	<input type="checkbox"/> Delete			
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 <u><i>Anna Elena Pedron</i></u> DATE <u>5/8/04</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		

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