

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90409 035 ***150.00

DOCUMENT # L03000012511

1. Entity Name
BRUZZONE SHIPPING MIAMI, LLC



Principal Place of Business
11421 N.W. 39TH STREET
MIAMI, FL 33178

Mailing Address
11421 N.W. 39TH STREET
MIAMI, FL 33178

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04122004 Chg-LLC CR2E083 (10/03)

4. FEI Number

77-0596917

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

COFINO, PEDRO A
407 LINCOLN ROAD, SUITE 2B
MIAMI, FL 33139

7. Name and Address of New Registered Agent

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

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**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME BRUZZONE, VICTOR
STREET ADDRESS 12 YOUNG ROAD
CITY-ST-ZIP KATONAH, NY 10536

TITLE MGR ☐ Delete
NAME BRUZZONE, FEDERICO A
STREET ADDRESS 99 CLAYTON AVENUE
CITY-ST-ZIP EAST ATLANTIC BEACH, NY 11561

TITLE MGR ☐ Delete
NAME LEUNG, JOHN
STREET ADDRESS 31-28 77TH STREET
CITY-ST-ZIP EAST ELMHURST, NY 11370

TITLE MGR ☐ Delete
NAME RAMIREZ, MIRNA
STREET ADDRESS 4551 S.W. 133RD AVENUE
CITY-ST-ZIP MIAMI, FL 33175

TITLE MGR ☐ Delete
NAME RAMIREZ, RAMIRO MARK JR
STREET ADDRESS 2645 S.W. 150TH COURT
CITY-ST-ZIP MIAMI, FL 33185

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

manayer member
MIRNA RAMIREZ

04-12-04 305-463-0303

Date

Daytime Phone #