

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 27, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000023753

1. Entity Name

ZOE INTERNATIONAL LLC



Principal Place of Business

8895 FONTAINEBLUE BLVD., APT. 308
MIAMI FL 33172

Mailing Address

8895 FONTAINEBLUE BLVD., APT. 308
MIAMI FL 33172



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

57-1176757

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

RONZANI, ANGELA A
8895 FONTAINEBLUE BLVD., APT. 308
MIAMI FL 33172

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 reissuing)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE: MGR
NAME: ELIZAGARAY, MARIA A
STREET ADDRESS: 2655 COLLINS AVE., APT. 810
CITY- ST- ZIP: MIAMI BEACH FL 33140 ☐ Delete

TITLE: MGR
NAME: CBSE S.A.
STREET ADDRESS: MORENO 473
CITY- ST- ZIP: CAPITAL FEDERAL ARGENTINA ☐ Delete

TITLE: MGR
NAME: RONZANI, ANGELA A
STREET ADDRESS: 8895 FONTAINEBLUE BLVD., APT. 308
CITY- ST- ZIP: MIAMI FL 33172 ☐ Delete

TITLE: MGR
NAME: SOL ORGUERA, MARIA
STREET ADDRESS: 2655 COLLINS AVE., APT. 810
CITY- ST- ZIP: MIAMI BEACH FL 33140 ☐ Delete

TITLE: MGR
NAME: ELIZAGARAY-VALENTINI, MARIA I
STREET ADDRESS: 8895 FONTAINEBLEAU BLVD., APT. 308
CITY- ST- ZIP: MIAMI FL 33172 ☐ Delete

TITLE: MGR
NAME: DEL SOCORRO CRUZ, BEATRIZ
STREET ADDRESS: 11880 SW 183 ST.
CITY- ST- ZIP: MIAMI FL 33177 ☐ Delete

10. ADDITIONS/CHANGES

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

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS: 000000738048
CITY- ST- ZIP: 05/11/07-80054-001 50.00

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:

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 exemptions contained in Section 119, 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

Date

Daytime Phone #

04/24/07 305-547-2686