


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90051 013 ****55.00

DOCUMENT # L03000024750	
1. Entity Name PRODUCCHIAPAS LLC	

Principal Place of Business 6101 BLUE LAGOON DRIVE, STE. 440 MIAMI, FL 33126 7580 NE 4th Miami, FL 33138	Mailing Address 6101 BLUE LAGOON DRIVE, STE. 440 MIAMI, FL 33126 7580 NE 4th Miami, FL 33138
DO NOT WRITE IN THIS SPACE	

20051238



04202005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 20-0077600	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 BADILLA, RACHEL 751 NE 75 ST MIAMI, FL 33138
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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.

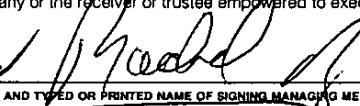
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SALAZAR, ROLDAN 6101 BLUE LAGOON DRIVE, STE. 440 MIAMI, FL 33126 7580 NE 4th Miami, FL 33138
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secy, Treasury Rachel Badilla 751 NE 75 ST Miami, FL 33138
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DO NOT WRITE IN THIS SPACE

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:  **4/25/05 305 758-4745**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #