2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 08, 2004 8:00 am
Secretary of State
06-21-2004 90140 002 ****50.00

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1. Entity Name
LEFRUIT USA, LLC

Principal Place of Business	Mailing Address
12300 S.W. 112TH AVENUE ATTN: MARIO ROBERTO GOMES MIAMI, FL 33176	12300 S.W. 112TH AVENUE ATTN: MARIO ROBERTO GOMES MIAMI, FL 33176

05272004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
2332 Galiano Street	2332 Galiano Street
Suite, Apt. #, etc. 114	Suite, Apt. #, etc. 114
City & State Coral Gables, FL	City & State Coral Gables, FL
Zip 33134 Country	Zip 33134 Country

4. FEI Number
26-0067770
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GOMES, RODRIGO 12300 S.W. 112TH AVENUE MIAMI, FL 33176	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 GOMES, MARIO ROBERTO 12300 S.W. 112TH AVENUE MIAMI, FL 33176	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM GOMES, RODRIGO 12300 S.W. 112TH AVENUE MIAMI, FL 33176	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM GOMES, Rodrigo 12454 S.W Miami, FL 33186	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Apolo, Hector Av. Francisco de Orellana Of. 344 Centrum Guayaquil, Ecuador	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Escobar, Gonzalo Av. Francisco de Orellana Of. 344 Centrum Guayaquil, Ecuador	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Pericia, Baneneges Av. Francisco de Orellana Of. 344 Centrum Guayaquil, Ecuador	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Mastrili, Pascuale Av. Francisco de Orellana Of. 344 Centrum Guayaquil, Ecuador.	☐ Change ☒ 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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ✓ _____ ✓ 6/2/04 ✓ 305-728-7014
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #