

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90015 016 \*\*\*\*50.00

<b>DOCUMENT # L03000026304</b>					
<b>1. Entity Name</b> LEFRUIT USA, LLC					
<b>Principal Place of Business</b> 2332 GALIANO STREET 114 CORAL GABLES, FL 33134			<b>Mailing Address</b> 2332 GALIANO STREET 114 CORAL GABLES, FL 33134		
<b>2. Principal Place of Business</b> 1108 SE 1st STREET Suite, Apt. #, etc. 703 City & State Miami - FL Zip 33131 Country USA		<b>3. Mailing Address</b> 168 SE 1st STREET Suite, Apt. #, etc. 703 City & State Miami - FL Zip 33131 Country USA			
<b>4. FEI Number</b> 26-0067770				<b>Applied For</b> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				<b>Chg-LLC</b> <b>CR2E083 (10/03)</b>	
<b>6. Name and Address of Current Registered Agent</b>  GOMES, RODRIGO 12300 S.W. 112TH AVENUE MIAMI, FL 33176			<b>7. Name and Address of New Registered Agent</b> Name <u>Jose Padial, PH</u> Street Address (R.O. Box Number is Not Acceptable) <u>2600 Douglas Road</u> <u>PHLE</u> City <u>Coral Gables</u> <u>FL</u> Zip Code <u>33134</u>		
<b>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.</b> SIGNATURE <u>Jose I. Padial registered agent</u> DATE <u>3/3/05</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GOMES, RODRIGO 12454 SW 124 ter MIAMI, FL 33186	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D APOLO, HECTOR AV FRANSISCO DE ORILLAN OF 344 CENTURA GUAYAQUIL, ECUADOR,	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERICIA, BANNERGES AV FRANSISCO DE ORILLAN OF 344 CENTURA GUAYAQUIL, ECUADOR,	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MASTRILLI, PASCUALE AV FRANSISCO DE ORILLAN OF 344 CENTURA GUAYAQUIL, ECUADOR,	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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.</b>					
<b>SIGNATURE:</b> <u>Roberto Gomes</u> CFO			Date <u>04/01/05</u> Daytime Phone # <u>(305) 371 4511</u>		