

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 17, 2004 8:00 am
Secretary of State

09-17-2004 90084 004 ****50.00

DOCUMENT # L03000029454

1. Entity Name
ANDEAN QUALITY ROSES LLC



Principal Place of Business
1322 N.W. 78TH AVENUE
MIAMI, FL 33126 US

Mailing Address
1322 N.W. 78TH AVENUE
MIAMI, FL 33126 US



2. Principal Place of Business
1351 NW 78 Ave.

3. Mailing Address
1351 NW 78 Ave

Suite, Apt., etc.
Suite #212

Suite, Apt., etc.
Suite #212

City & State
Miami, FLA.

City & State
Miami, FLA.

Zip Country
33126 US

Zip Country
33126 US

09132004 Chg-LLC CR2E083 (10/03)

4. FEI Number
56-2387639

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PAEZ, PABLO A
1322 N.W. 78TH AVENUE
MIAMI, FL 33126

7. Name and Address of New Registered Agent

Name Jose A. PRUNA
Street Address (P.O. Box Number is Not Acceptable)
1351 NW 78 Ave. Suite #212
City Miami FL Zip Code 33126

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]* Operations Manager 9/13/2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

Filing Fee is \$50.00
Due by September 8, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☒ Delete
NAME PAEZ, PABLO A
STREET ADDRESS 1322 N.W. 78TH AVENUE
CITY-ST-ZIP MIAMI, FL-33126

TITLE MGR ☐ Delete
NAME PRUNA, JOSE A
STREET ADDRESS 1322 N.W. 78TH AVENUE
CITY-ST-ZIP MIAMI, FL 33126

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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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]* Jose A. PRUNA 9/13/2004
Signature and typed or printed name of signing managing member, manager, or authorized representative Date Daytime Phone #