

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 14, 2005 8:00 am**  
**Secretary of State**

07-14-2005 90017 040 \*\*\*\*50.00

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07112005 Chg-LLC CR2E083 (10/03)

<b>DOCUMENT # L04000015244</b> 1. Entity Name <b>PRESTO SEAFOOD, LLC</b>					
Principal Place of Business <b>8439 N.W. 68TH STREET MIAMI, FL 33166</b>			Mailing Address <b>8439 N.W. 68TH STREET MIAMI, FL 33166</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>1550 MADRUGA AVENUE</b> <b># 240</b>			
City & State 		City & State <b>COMAL GABLES, FLORIDA</b>		4. FEI Number <b>20-1284277</b>	
Zip 		Country 		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
Zip <b>33146</b>		Country <b>USA</b>		Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>LUIS, URDANETA A</b> <b>8439 N.W. 68TH STREET</b> <b>MIAMI, FL 33166</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>1550 MADRUGA AVE, SUITE 240</b> City <b>COMAL GABLES</b> <b>FL</b> Zip Code <b>33146</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.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by September 7, 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	<b>MGR</b> <b>PROLAMAR PROCESADORA LAGO MAR C.A.</b> <b>AV 3 NO 35-173 SANTA ROSA DE AGUA</b> <b>MARACAIBO, ED 4002</b>		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		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		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE:</b> <i>[Signature]</i> <b>LLC Member.</b> <i>[Signature]</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		Daytime Phone #