

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000025796

FILED
Apr 27, 2005
Secretary of State

Entity Name: DECCOFLOWERS LOGISTICS, LLC

Current Principal Place of Business:

4623 NW 97 COURT
MIAMI, FL 33178

New Principal Place of Business:

5270 NW 109 AVE.
#1
MIAMI, FL 33178

Current Mailing Address:

4623 NW 97 COURT
MIAMI, FL 33178

New Mailing Address:

5270 NW 109 AVE.
#1
MIAMI, FL 33178

FEI Number: 55-0864216

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MEJIA, CATALINA
4623 NW 97 COURT
MIAMI, FL 33178 US

Name and Address of New Registered Agent:

MEJIA, CATALINA
5270 NW 109 AVE.
#1
MIAMI, FL 33178 US

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.

SIGNATURE:

04/27/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: MEJIA, CATALINA
Address: 4623 NW 97 COURT
City-St-Zip: MIAMI, FL 33178

Title: MGR () Delete
Name: JAILLIER, JERONIMO
Address: 4623 NW 97 COURT
City-St-Zip: MIAMI, FL 33178

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MEJIA, CATALINA
Address: 5270 NW 109 AVE. #1
City-St-Zip: MIAMI, FL 33178

Title: MGR (X) Change () Addition
Name: JAILLIER, JERONIMO
Address: 5270 NW 109 AVE. #1
City-St-Zip: MIAMI, FL 33178

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: CATALINA MEJIA

MGRM

04/27/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date