

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

04-12-2005 90012 028 ****50.00



DOCUMENT # L04000067474

1. Entity Name

ORGANICS 101, LTD. CO.

Principal Place of Business

3180 SW 133RD PL
 MIAMI FL 33175
 US

Mailing Address

3180 SW 133RD PL
 MIAMI FL 33175
 US



2. Principal Place of Business

4532 NW 114 Ave, #1907

Suite, Apt. #, etc.

3. Mailing Address

10773 NW 58th St.

Suite, Apt. #, etc.

#125

1st MOORE

CR2E083 (10/04)

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

20-1866242

Applied For

Not Applicable

Zip

33178

Country

USA

Zip

33178

Country

USA

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BISSET, CLARISSE MISS
 3180 SW 133RD PL
 MIAMI FL 33175

7. Name and Address of New Registered Agent

Name

Bisset, Clarisse

Street Address (P.O. Box Number is Not Acceptable)

10773 NW 58th St, #125

City

Miami

FL

Zip Code

33178

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

Clarisse Bisset

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/4/05

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
 Due By May 1, 2005**

9. MANAGING MEMBERS / MANAGERS

TITLE MGRM Delete
 NAME BISSET, CLARISSE
 STREET ADDRESS 3180 SW 133RD PL
 CITY-ST-ZIP MIAMI FL 33175

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

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGRM Change Addition
 NAME Bisset, Clarisse
 STREET ADDRESS 10773 NW 58th St, #125
 CITY-ST-ZIP Miami, FL, 33178

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
 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:

Clarisse Bisset

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/4/05

DATE

305.322.6995

Daytime Phone #