
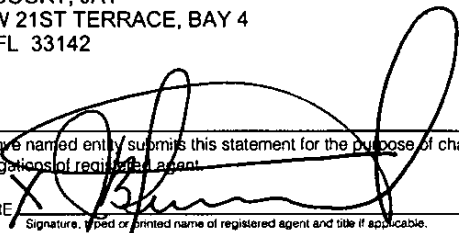
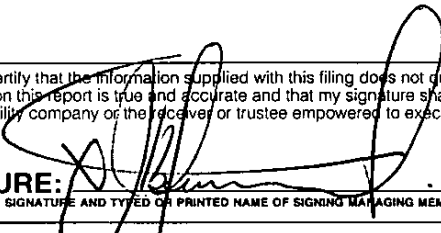


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 25, 2005 8:00 am**  
**Secretary of State**

07-25-2005 90040 017 \*\*\*\*50.00

<b>DOCUMENT # L04000069513</b> 1. Entity Name <b>GET FRESH PRODUCE INTERNATIONAL, LLC</b>					
Principal Place of Business <b>P.O. BOX 420504 MIAMI, FL 33242-0504</b>			Mailing Address <b>P.O. BOX 140504 MIAMI, FL 33242-0504</b>		
2. Principal Place of Business <b>2283 NW 82 Ave</b>		3. Mailing Address <b>same</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>DORAL, FL</b>		City & State		4. FEI Number <b>20-1659873</b>	
Zip <b>33122</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>BETANCOURT, JAY 1335 NW 21ST TERRACE, BAY 4 MIAMI, FL 33142</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code			
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 		DATE <b>7/22/2005</b>			
<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>MGRM BETANCOURT, JAY 1335 NW 21ST TERRACE, BAY 4 MIAMI, FL 33142</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM JAY BETANCOURT 2283 NW 82 AVE DORAL FL 33122</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM YARE BUSINESS INC. 1335 NW 21ST TERRACE, BAY 4 MIAMI, FL 33142</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM YARE BUSINESS INC. 2283 NW 82 AVE DORAL FL 33122</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<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.					
SIGNATURE: 		DATE <b>7/22/2005</b> 305 324-0078			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					