04/18/05 10:37 FAX

FILED
Apr 25, 2005 8:00 am
Secretary of State
04-25-2005 90106 040 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000081353

1. Entity Name
TICOFRUIT, LLC

Principal Place of Business	Mailing Address
10200 OLD CUTLER ROAD MIAMI, FL 33156	10200 OLD CUTLER ROAD MIAMI, FL 33156

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03262005 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-2702119 [X] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FARRA, MIGUEL G MORRISON, BROWN, ARGIZ & FARRA, LLP 1001 BRICKELL BAY DRIVE, 9TH FLOOR MIAMI, FL 33131	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to:
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BETANCOURT, HECTOR 10200 OLD CUTLER ROAD MIAMI, FL 33156 [ ] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] Change [ ] Addition
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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: Hector J. Betancourt HECTOR J. BETANCOURT 4/20/05 (305) 667-6059
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

ATTACHMENT
20045661
#L0400081353

Form **SS-4**
(Rev. December 2001)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)
▶ See separate instructions for each line. ▶ Keep a copy for your records.

EIN
20-2702119
OMB No. 1545-0003

1* Legal name of entity (or individual) for whom the EIN is being requested
TICOFRUIT LLC

2 Trade name of business (if different from name on line 1)

3 Executor, trustee, "care of" name

4a* Mailing address (room, apt., suite no. and street, or P.O. box)
10200 OLD CUTLER ROAD

5a Street address (if different) (Do not enter a P.O. box)

4b* City, state, and ZIP code
MIAMI FL 33156 -

5b City, state, and ZIP code
-

6* County and state where principal business is located
County MIAMI DADE State FL

7a Name of principal officer, general partner, grantor, owner, or trustor
HECTOR BETANCOURT

7b SSN, ITIN, EIN
264-70-9324

8a* Type of entity (check only one)
- ☐ Sole Proprietor (SSN) _|_|_
- ☐ Partnership
- ☐ Corporation (enter form number to be filed) ▶ _
- ☐ Personal Service
- ☐ Church or church-controlled organization
- ☐ Other nonprofit organization (specify) ▶ _
- ☑ Other (specify) ▶ DISREGARDED ENTITY
- ☐ Estate (SSN of decedent)
- ☐ Plan administrator (SSN)
- ☐ Trust (SSN of grantor)
- ☐ National Guard
- ☐ Farmers' cooperative
- ☐ REMIC
- Group Exemption NO. (GEN) ▶ _
- ☐ State/local government
- ☐ Federal government/military
- ☐ Indian tribal government/enterprises

8b If a corporation, name the state or foreign country (if applicable) where incorporated
State FL
Foreign country
-

9* Reason for applying (check only one)
- ☐ Banking purpose (specify purpose) ▶ _
- ☑ Started new business (specify type) ▶ FRUIT SALES
- ☐ Changed type of organization (specify new type) ▶ _
- ☐ Purchased going business
- ☐ Hired employees (Check the box and see line 12)
- ☐ Created a trust (specify type) ▶ _
- ☐ Compliance with IRS withholding regulations
- ☐ Created a pension plan (specify type) ▶ _
- ☐ Other (specify) ▶ _

10* Date business started or acquired (month, day, year)
NOV 8 2004

11 Closing month of accounting year
DEC

12 First date wages or annuities were paid or will be paid (month, day, year) *Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)* ..... ▶

13 Highest number of employees expected in the next twelve months *Note: If the applicant does not expect to have any employees during the period, enter "-0-"* ..... ▶

Agriculture	Household	Other
0	0	0

14* Check box that best describes the principal activity of your business
- ☐ Construction
- ☐ Rental & leasing
- ☐ Transportation & warehousing
- ☐ Health care & social assistance
- ☐ Accommodation & food service
- ☐ Wholesale-agent/broker
- ☐ Wholesale-other
- ☐ Real estate
- ☐ Manufacturing
- ☐ Finance & insurance
- ☐ Retail
- ☑ Other (specify) WHOLESALE & RETAIL

15* Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.
FRUIT

16a* Has the applicant ever applied for an employer identification number for this or any other business? ..... ☐ Yes ☑ No
Note If "Yes" please complete lines 16b and 16c

16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.
Legal name ▶ _
Trade name ▶ _

16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.

Approximate date when filed (month, day, year)	City and state where filed	Previous EIN
	-	- -

Third Party Designee

Complete section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form

Designee's name
THOMAS ZAMPIERI
Address and ZIP code
1001 BRICKELL BAY DR 9 MIAMI FL 33131 - _

Designee's telephone number (include area code)
(305) 373 - 5500
Designee's fax number (include area code)
(305) 373 - 0056

ATTACHMENT

20045661
#L0400008 1353

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.
Name and title (type or print clearly) ► HECTOR BETANCOURT
Signature ► Not Required Date ► April 20, 2005 GMT

Applicant's telephone number (include area code)
( ) - -
Applicant's fax number (include area code)
( ) - -

We are in the processing of getting a phone line.