


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 23, 2006 8:00 am**  
**Secretary of State**

03-23-2006 90259 046 \*\*\*\*50.00

<b>DOCUMENT # L05000000551</b> 1. Entity Name <b>DAFONTI NUTRIPHARM, LLC</b>					
Principal Place of Business <b>17251 SW 12TH STREET PEMBROKE PINES, FL 33029</b>			Mailing Address <b>17251 SW 12TH STREET PEMBROKE PINES, FL 33029</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02182006    Chg-LLC    CR2E083 (11/05)	
Zip		Country		4. FEI Number <b>20-2140876</b>	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>ARISTA, EDUARDO R. ESQ. ARISTA &amp; FELDMAN, P.L./GABLES INTL PLAZA 2655 SOUTH LE JEUNE ROAD, SUITE 515 CORAL GABLES, FL 33134</b>			Name <b>VICENTE DANIEL</b>		
			Street Address (P.O. Box Number is Not Acceptable) <b>17251 S.W. 12TH STREET</b>		
			City <b>PEMBROKE PINES FL 33029</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		<b>VICENTE DANIEL</b>		<b>3/16/06</b>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DANIEL GONZALEZ, VICENTE		NAME		
STREET ADDRESS	17251 SW 12TH STREET		STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES, FL 33029		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FONTIRROCHE-ESCOBAR, GIUVEL		NAME		
STREET ADDRESS	1901 SW 59 AVENUE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33155		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NEGREIRA, MANNY		NAME		
STREET ADDRESS	698 NW 106 AVENUE		STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS, FL 33071		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GONZALEZ, JORGE L		NAME		
STREET ADDRESS	6215 WEST 22 COURT, APT 7		STREET ADDRESS		
CITY-ST-ZIP	HIALEAH, FL 33017		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:		<b>3/16/2006</b>		<b>(954) 701-4077 (C.)</b> <b>(754) 423-6241 (C.)</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	

Office (954) 938-8828