


**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 DAFONTI NUTRIPHARM, LLC					
Principal Place of Business 17251 SW 12TH STREET PEMBROKE PINES, FL 33029			Mailing Address 17251 SW 12TH STREET PEMBROKE PINES, FL 33029		
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 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		
ARISTA, EDUARDO R. ESQ. ARISTA & FELDMAN, P.L./GABLES INTL PLAZA 2655 SOUTH LE JEUNE ROAD, SUITE 515 CORAL GABLES, FL 33134			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</b>		Zip Code <b>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	
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
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>Vicente Daniel</b>		<b>3/16/2006</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	



**(954) 701-4077 (C.)**  
**(754) 423-6241 (C.)**

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