

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000089889

FILED
May 20, 2008
Secretary of State

Entity Name: INTERNATIONAL HARVEST LLC

Current Principal Place of Business:

8009 NW 36TH STREET
215
DORAL, FL 33166

New Principal Place of Business:

8300 NW 53RD STREET
350
DORAL, FL 33166

Current Mailing Address:

8009 NW 36TH STREET
215
DORAL, FL 33166

New Mailing Address:

8300 NW 53RD STREET
350
DORAL, FL 33166

FEI Number: 32-0212874 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

JUAN, ESTAY I
152 SW 152 ND PL
MIAMI, FL 33193 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: JUAN, ESTAY A
Address: 9433 FOUNTAINBLUE BLVD APT 205
City-St-Zip: MIAMI, FL 33172

Title: MGR () Delete
Name: JUAN, ESTAY I
Address: 6702 SW 152ND PL
City-St-Zip: MIAMI, FL 33193

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: JUAN, ESTAY A
Address: 5630 NW 107TH AVE, UNIT 1608
City-St-Zip: MIAMI, FL 33178

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JUAN A. ESTAY

MGR

05/20/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date