

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90060 044 ****55.00

DOCUMENT # L99000001357

1. Entity Name
DE ORO INTERNATIONAL, L.L.C.



Principal Place of Business
**291 S.E. MIZNER BLVD
SUITE 45B
BOCA RATON, FL 33432**

Mailing Address
**2121 PONCE DE LEON BLVD., SUITE #721
CORAL GABLES, FL 33134**



2. Principal Place of Business 6001 BROKEN SOUND PKWY		3. Mailing Address 306 ALCAZAR AVE	
Suite, Apt. #, etc. SUITE 420		Suite, Apt. #, etc. STE 302	
City & State BOCA RATON, FL		City & State CORAL GABLES FL	
Zip 33487	Country USA	Zip 33134	Country USA

02252004 Chg-LLC CR2E083 (10/03)

4. FEI Number
65-0902630

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**VEGA, ALBERT P
2121 PONCE DE LEON BLVD #721
CORAL GABLES, FL 33134**

7. Name and Address of New Registered Agent

Name
306 ALCAZAR AVENUE

Street Address (P.O. Box Number is Not Acceptable)
SUITE 302

City
CORAL GABLES FL Zip Code
33134

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 reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM	<input type="checkbox"/> Delete
NAME AMAYA, RICARDO O	
STREET ADDRESS 291 S.E. MIZNER BLVD SUITE 45B	
CITY-ST-ZIP BOCA RATON, FL 33432	
TITLE MGRM	<input type="checkbox"/> Delete
NAME ORDONEZ, JULIO CESAR	
STREET ADDRESS 291 S.E. MIZNER BLVD SUITE 45B	
CITY-ST-ZIP BOCA RATON, FL 33432	
TITLE MGRM	<input type="checkbox"/> Delete
NAME JEREZEZ, RICARDO O	
STREET ADDRESS 291 S.E. MIZNER BLVD SUITE 45B	
CITY-ST-ZIP BOCA RATON, FL 33432	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS 6001 BROKEN SOUND PKWY SUITE 420	
CITY-ST-ZIP CORAL	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS 6001 BROKEN SOUND PKWY STE 420	
CITY-ST-ZIP BOCA RATON, FL 33487	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS 6001 BROKEN SOUND PKWY STE 420	
CITY-ST-ZIP BOCA RATON, FL 33487	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

04/22/04

Date

Daytime Phone #