

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90023 047 ****50.00

DOCUMENT # L99000006065 1. Entity Name DIACO FARMER'S GROUP, L.L.C.					
Principal Place of Business 8040 CORAL WAY MIAMI, FL 33155			Mailing Address 8040 CORAL WAY MIAMI, FL 33155		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address 8103 CORAL WAY		
City & State MIAMI FLORIDA			4. FEI Number 65-0954713		
Zip 33155			Country USA		
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required			Applied For Not Applicable		
6. Name and Address of Current Registered Agent CHOU, VIVIAN ESQ. 7901 LUDLAM RD., STE. 206 SOUTH MIAMI, FL 33143			7. Name and Address of New Registered Agent 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 _____ (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			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COLAO, JUAN A 9961 SW 142ND AVENUE MIAMI, FL 331866844	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OBREGON, MARIO 6701 SUNSET DRIVE, SUITE 115 MIAMI, FL 331434529	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOPEZ, ALEJANDRO 322 INDIAN TRACE ROAD WESTON, FL 333262996	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GONZALEZ, RICHARD 8040 CORAL WAY MIAMI, FL 33155	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 8103 CORAL WAY MIAMI, FL 33155	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HELBIG, GUILLERMO 10240 S.W. 56TH ST., STE. 104 MIAMI, FL 33165	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE 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: _____			Date 4/6/04 Daytime Phone # 305-281-2381		