## 2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

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## **DOCUMENT # L99000006065**

DIACO FARMER'S GROUP, L.L.C.

**FILED** Apr 20, 2006 08:00 AN **Secretary of State** 

Principal Place of Business

8040 CORAL WAY MIAMI, FL 33155 Mailing Address

8103 CORAL WAY MIAMI, FL 33155



04162006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 65-0954713

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

6. Name and Address of Current Registered Agent

CHOU, VIVIAN ESQ. 7901 LUDLAM RD., STE. 206 SOUTH MIAMI, FL 33143

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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, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	COLAO, JUAN A
STREET ADDRESS	9961 SW 142ND AVENUE
City-St-Zip	MIAMI, FL 331866844
TITLE	MGRM
NAME	OBREGON, MARIO
STREET ADDRESS	6701 SUNSET DRIVE, SUITE 115
Cffy-St-Zip	MIAMI, FL 331434529
TALE	MGRM
NAME	LOPEZ, ALEJANDRO
STREET ADDRESS	322 INDIAN TRACE ROAD
CATY-ST-ZIP	WESTON, FL 333262996
TITLE	MGRM
NAME	GONZALEZ, RICHARD
STREET ADDRESS	8103 CORAL WAY
CITY-ST-ZIP	MIAMI, FL 33155
ME	MGRM
NAME	HELBIG, GUILLERMO
STREET ADDRESS	10240 S.W. 56TH ST., STE. 104
CITY-ST-ZIP	MIAMI, FL 33165
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 employered to execute this report as required by Chapter 608, Florida Statutes.

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

30-281-238

Devitos Phone #