2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L01000000436

1. Entity Name
CORPORATE FOOD, LLC

Principal Place of Business	Mailing Address
200 S. BISCAYNE BLVD., STE. 200 MIAMI, FL 33131	200 S. BISCAYNE BLVD., STE. 200 MIAMI, FL 33131

01172008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
91-2095410

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GONZALEZ, EUGENIO
50 SW 10TH ST #806
MIAMI, FL 33193

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

U00000799719
01/30/08-80080-002 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	GONZALEZ, EUGENIO
STREET ADDRESS	50 SW 10TH ST #806
CITY-ST-ZIP	MIAMI, FL 33130
TITLE	MGRM
NAME	GONZALEZ, LORENZO
STREET ADDRESS	15527 S.W. 62 TERR.
CITY-ST-ZIP	MIAMI, FL 33193
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____ Eugenio Gonzalez 1/17/08 305-374-8444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #