

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000014973

FILED
May 01, 2007
Secretary of State

Entity Name: DELI MEATS FACTORY, LLC

Current Principal Place of Business:

5844 NW 109 AVENUE
MIAMI, FL 33178

New Principal Place of Business:

5844 NW 109 AVENUE
DORAL, FL 33178

Current Mailing Address:

5220 S. UNIVERSITY DR.
SUITE C-102
DAVIE, FL 33328

New Mailing Address:

5844 NW 109 AV
DORAL, FL 33178

FEI Number: 42-1588196 **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:

SILVA'S ENTERPRISE, INC.
5220 S. UNIVERSITY DR.
SUITE C-102
DAVIE, FL 33328 US

Name and Address of New Registered Agent:

CAMPOS, JOSE L MR
5844 NW 109 AV
DORAL, FL 33178 US

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: JOSE CAMPOS

05/01/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CAMPOS, JOSE LUIS
Address: 5844 NW 109 AVENUE
City-St-Zip: MIAMI, FL 33178

Title: MGR () Delete
Name: COZZO, GIANCARLO
Address: 5844 NW 109 AVENUE
City-St-Zip: MIAMI, FL 33178

ADDITIONS/CHANGES:

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

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: JOSE CAMPOS

MGRM

05/01/2007

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