## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L01000000436

1. Entity Name

Principal Place of Business

CORPORATE FOOD, LLC



Mailing Address

200 S. BISCAYNE BLVD., STE. 200 MIAMI, FL 33131 200 S. BISCAYNE BLVD., STE. 200 MIAMI, FL 33131

## FILED Feb 21, 2006 8:00 am Secretary of State

02-21-2006 90175 031 \*\*\*\*58.75



DO NOT WRITE IN THIS SPACE

02032006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 91-2095410 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

GONZALEZ, EUGENIO

6. Name and Address of Current Registered Agent

50 SW 10TH ST #806 MIAMI, FL 33193

CITY-ST-ZIP

## DO NOT WRITE IN THIS SPACE

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 lamiliar with, and accept the obligations of registered agent.				
SIGNATURE.	ATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered		when reinstating)	DATE
Piling Fee is \$50.00 Due by May 1, 2006				
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GONZALEZ, EUGENIO 50 SW 10TH ST #806 MIAMI, FL 33130			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GONZALEZ, LORENZO 15527 S.W. 62 TERR. MIAMI, FL 33193			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO_NOT.,WI	RITE
TITLE NAME STREET ADORESS CITY-ST-ZIP			IN THIS SP	ACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME				

11. I hereby cartify 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 MARM 2/3/06

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

Date

Daytime Proce #