2007 FOR PROFIT CORPORATION

May 10, 2007 08:00 A Secretary of State **ANNUAL REPORT DOCUMENT #442641** 1. Entity Name LA VILLARENA MEAT & PORK, INC. Principal Place of Business Mailing Address 6455 N.E. 3RD AVE 6455 N.E. 3RD AVE MIAMI, FL 33138 MIAMI, FL 33138 CR2E034 (11/05) 04172007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1671497 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RODRIGUEZ, CONDELARIO DO NOT WRITE 4340 SW 3 ST MIAMI, FL 33134 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 familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be U00000764580 05/31/07-80001-007 550.00 FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME CANDELARIO, RODRIGUEZ 4340 S.W. 3 ST. STREET ADDRESS CITY-ST-ZIF MIAMI, FL 33134 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CiTY-ST-ZIP THLE IN THIS SPACE NAME

12. Thereby 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP

IG OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED