

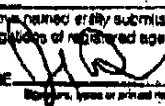
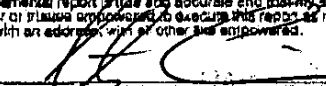
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**FILED**  
**Jan 17, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90228 032 \*\*\*150.00

**2006 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|------|
| <b>DOCUMENT # G46473</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                |                                                                                                                |                                                                              |                                                             |      |
| 1. Entity Name<br><b>L &amp; L SPECIALTY FOODS, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                |                                                                                                                |                                                                              |                                                                                                                                              |      |
| Principal Place of Business<br><b>350 GOOLSBY BLVD.<br/>DEERFIELD BEACH, FL 33442 US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                |                                                                                                                | Mailing Address<br><b>350 GOOLSBY BLVD.<br/>DEERFIELD BEACH, FL 33442 US</b> |                                                                                                                                              |      |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                |                                                                                                                | 3. Mailing Address                                                           |                                                                                                                                              |      |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                |                                                                                                                | Suite, Apt. #, etc.                                                          |                                                                                                                                              |      |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                |                                                                                                                | City & State                                                                 |                                                                                                                                              |      |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                | Country                                                                                                        |                                                                              | Zip                                                                                                                                          |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                |                                                                                                                |                                                                              | Country                                                                                                                                      |      |
| 4. FEI Number<br><b>58-2307257</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                |                                                                                                                |                                                                              | Applied For<br><input type="checkbox"/> Not Applicable                                                                                       |      |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                                                                                                                |                                                                              | \$8.75 Additional Fee Required                                                                                                               |      |
| 6. Name and Address of Current Registered Agent<br><b>LEVY, KNEEN, MARIANI LLC<br/>1400 CENTRE PARK BLVD<br/>WEST PALM BEACH, FL 33401</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                |                                                                                                                |                                                                              | 7. Name and Address of New Registered Agent<br><b>JOEL MAYERSOHN<br/>350 East Las Olas Blvd<br/>Suite 1700<br/>Fort Lauderdale, FL 33301</b> |      |
| 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 <b>1/12/06</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                |                                                                                                                |                                                                              |                                                                                                                                              |      |
| NOTE: Registered Agent signature required when making change.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                |                                                                                                                |                                                                              |                                                                                                                                              |      |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2006 Fee will be \$350.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                | 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |                                                                              |                                                                                                                                              |      |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                |                                                                                                                |                                                                              |                                                                                                                                              |      |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | NAME           | STREET ADDRESS                                                                                                 | CITY-ST-ZIP                                                                  | TITLE                                                                                                                                        | NAME |
| PD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | KLINE, DAVID   | 350 GOOLSBY BLVD                                                                                               | DEERFIELD BEACH, FL 33442                                                    |                                                                                                                                              |      |
| TD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | CAINE, STEVEN  | 350 GOOLSBY BLVD                                                                                               | DEERFIELD BEACH, FL 33442                                                    |                                                                                                                                              |      |
| VSD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | FREEMAN, DAVID | 350 GOOLSBY BLVD                                                                                               | DEERFIELD BEACH, FL 33442                                                    |                                                                                                                                              |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                |                                                                                                                |                                                                              |                                                                                                                                              |      |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                |                                                                                                                |                                                                              |                                                                                                                                              |      |
| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                |                                                                                                                |                                                                              |                                                                                                                                              |      |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | NAME           | STREET ADDRESS                                                                                                 | CITY-ST-ZIP                                                                  | TITLE                                                                                                                                        | NAME |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                |                                                                                                                |                                                                              |                                                                                                                                              |      |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                |                                                                                                                |                                                                              |                                                                                                                                              |      |
| 12. 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 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 or without other authorized signature. |                |                                                                                                                |                                                                              |                                                                                                                                              |      |
| SIGNATURE:  DATE <b>1/12/06</b> 954 4200071                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                |                                                                                                                |                                                                              |                                                                                                                                              |      |
| SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                |                                                                                                                |                                                                              |                                                                                                                                              |      |

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