

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000009725

FILED  
Apr 21, 2008  
Secretary of State

Entity Name: X FOODS INTERNATIONAL, LLC

**Current Principal Place of Business:**

2500 NW 79 AVENUE  
SUITE 161  
MIAMI, FL 33122

**New Principal Place of Business:**

**Current Mailing Address:**

2500 NW 79 AVENUE  
SUITE 161  
MIAMI, FL 33122

**New Mailing Address:**

FEI Number: 11-3661709

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**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:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: GUERRA, ALVARO  
Address: 2500 NW 79 AVENUE SUITE 161  
City-St-Zip: MIAMI, FL 33122

Title: MGR ( ) Delete  
Name: GUERRA, JUAN  
Address: 2500 NW 79 AVENUE SUITE 161  
City-St-Zip: MIAMI, FL 33122

Title: MGR ( ) Delete  
Name: MEDINA, ESPERANZA  
Address: 2500 NW 79 AVENUE SUITE 161  
City-St-Zip: MIAMI, FL 33122

**ADDITIONS/CHANGES:**

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

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: ALVARO GUERRA

MGRM

04/21/2008

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