

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000024844

Entity Name: ALIMENTOS AUSTRALES LLC

FILED
Apr 29, 2008
Secretary of State

Current Principal Place of Business:

13049 SW 122ND . AV.
MIAMI, FL 33186

New Principal Place of Business:

Current Mailing Address:

13049 SW 122ND . AV.
MIAMI, FL 33186

New Mailing Address:

FEI Number: 04-3765927

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PERTICA, DANIEL
13049 SW 122ND . AV.
MIAMI, FL 33186 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: PERTICA, DANIEL JOSE
Address: 13049 SW 122ND . AV.
City-St-Zip: MIAMI, FL 33186

Title: MGRM () Delete
Name: BALSEIRO, CARLOS
Address: AV PASEO COLON 588-PISO 2 DTO 4
City-St-Zip: BS. AS. ARGENTINA (C1063ACS),

Title: MGRM () Delete
Name: KORN, LEANDRO
Address: AV PASEO COLON 588-PISO 2 DTO 4
City-St-Zip: BS. AS. ARGENTINA (C1063ACS),

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PERTICA, DANIEL J
Address: 13049 SW 122ND . AV.
City-St-Zip: MIAMI, FL 33186

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: DANIEL JOSE PERTICA

MGRM

04/29/2008

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