## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

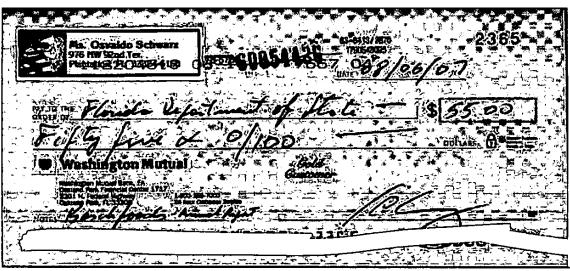
## Sep 04, 2007 8:00 am Secretary of State **DOCUMENT # L03000050953** 08-09-2007 90019 024 \*\*\*\*55.00 **BASCH FOODS INTERNATIONAL, LLC** Principal Place of Business Mailing Address 976 NW 92 TERRACE 976 NW 92 TERRACE 30012648 PLANTATION, FL 33334 PLANTATION, FL 33334 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 08312007 Cha-LLC CR2E083 (12/06) City & State 4. FEI Number Applied For City & State **NOT APPLICABLE** Not Applicable Zio Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SCHWARZ, OSVALDO 3001 S COURSE DR, STE 601 POMPANO BEACH, FL 33069 976 NW 92 TERRACE 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 -- OSVALDO SCHWARZ opticable. (NOTE: Registered Agent signature required when reinstating) SIGNATURE Signeture, proed or printed name of registers expert and title if applicable. Filing Fee is \$50.00 Due by September 14, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. HGRH BACKES, VALDIR 976 NW92TERRACE PLANTATION, FL 33324 H6RM **MGRM** TITLE Addition TITLE Detete SCHWARZ, OSVALDO NAME NAME 976 NW 92 TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PLANTATION, FL 33334 CITY-ST-ZIP TETLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. 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 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.

AE: — OS VALUO SCHWARZ 08/04/2007 9544617856
NATURE AND TYPED OR PRINTED NAME DE SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Degistre Phone #

FILED

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