2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 04, 2007 8:00 am
Secretary of State
08-09-2007 90019 024 ****55.00

30012648

08312007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L03000050953

1. Entity Name
BASCH FOODS INTERNATIONAL, LLC

Principal Place of Business	Mailing Address
976 NW 92 TERRACE PLANTATION, FL 33334	976 NW 92 TERRACE PLANTATION, FL 33334

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional 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	Name SCHWARZ, OSVALDO Street Address (P.O. Box Number is Not Acceptable) 976 NW 92 TERRACE City PLANTATION FL Zip Code 33324

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 [signature] - OSVALDO SCHWARZ 08/06/2007
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by September 14, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHWARZ, OSVALDO 976 NW 92 TERRACE PLANTATION, FL 33334	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BACKES, VALDIR 976 NW 92 TERRACE PLANTATION, FL 33324	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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.

SIGNATURE: [signature] - OSVALDO SCHWARZ 08/06/2007 9544617856
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

ATTACHMENT 300126648 #L0300005095 53

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