
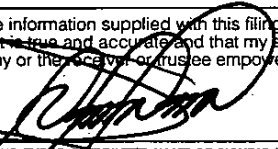


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 13, 2005 8:00 am**  
**Secretary of State**

04-13-2005 90215 022 \*\*\*\*50.00

<b>DOCUMENT # L04000011226</b> 1. Entity Name <b>LATIN AMERICA USA FOOD CORPORATION L.L.C.</b>					
Principal Place of Business <b>11492 NW 69 TERRACE MIAMI, FL 33178</b>			Mailing Address <b>11492 NW 69 TERRACE MIAMI, FL 33178</b>		
2. Principal Place of Business <b>1730 NW 96 Avenue</b> Suite, Apt. #, etc.		3. Mailing Address <b>1730 NW 96 Avenue</b> Suite, Apt. #, etc.			
City & State <b>Miami, FL</b> Zip <b>33126</b>		City & State <b>Miami, FL</b> Zip <b>33126</b>		Country	
City & State <b>Miami, FL</b> Zip <b>33126</b>		City & State <b>Miami, FL</b> Zip <b>33126</b>		Country	
4. FEI Number <b>20-0727887</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>LAZARO, NOEL A 11492 NW 69 TERRACE MIAMI, FL 33178</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>			<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LAZARO, NOEL A 11492 NW 69 TERRACE MAIMI, FL 33178		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VILLALTA, MARCOS 7064 NW 113 PLACE MIAMI, FL 33178		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GARCIA, ALVARO 15165 NW 88 COURT MIAMI, FL 33018		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 owner or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
<b>SIGNATURE:</b> 			<b>NOEL A. LAZARO</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date <b>04-11-2005</b> Daytime Phone # <b>305-5990409</b>		