2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000018976

928 NW 10TH CT

MIAMI, FL 33136

Address:

City-St-Zip:

Entity Name: PYRAMID FOOD GROUP, LLC

FILED Jul 07, 2006 Secretary of State

Current Principal Place of Business:		New Principal Place of Bu	New Principal Place of Business:	
9015 PINES BLVD. PEMBROKE PINES, FL 33024		11901 WEST SUNRISE BC PLANTATION, FL 33323	11901 WEST SUNRISE BOULEVARD PLANTATION, FL 33323	
Current Mailing Address:		New Mailing Address:	New Mailing Address:	
9015 PINES BLVD. PEMBROKE PINES, FL 33024		11901 WEST SUNRISE BC PLANTATION, FL 33323	11901 WEST SUNRISE BOULEVARD PLANTATION, FL 33323	
	: 20-1200933 FEI Number Applied For () ce with s. 607.193(2)(b), F.S., the limited liability		ertificate of Status Desired ()	
	Address of Current Registered Agent:	Name and Address of Nev	v Registered Agent:	
	named entity submits this statement for the of Florida.		e or registered agent, or bot	
	-		Date	
MANAGING	MEMBERS/MANAGERS:	ADDITIONS/CHANGES:		
Title: Name: Address: City-St-Zip:	MGR () Delete SMAB CORP., 1901 NW 168 AVE PEMBROKE PINES, FL 33028	Title: () Cl Name: Address: City-St-Zip:	nange () Addition	
Title: Name: Address: City-St-Zip:	MGR () Delete ROS FOOD SERVICE, IN, C. 6738 CROOKED PALM LANE MIAMI LAKES, FL 33014	Title: () Ch Name: Address: City-St-Zip:	nange ()Addition	
Title: Name:	MGR () Delete FLEX CONCEPTS, INC.,	Title: () Cl Name:	nange () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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.

Address:

City-St-Zip:

SIGNATURE: JUAN R. BRAVO MGR 07/07/2006