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Aug 12, 2005 8:00 am
Secretary of State
07-11-2005 90042 034 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000059941

1. Entity Name
YAFFA USA, L.L.C.

30010637

Principal Place of Business	Mailing Address
19333 COLLINS AVENUE #806 SUNNY ISLES, FL 33160	19333 COLLINS AVENUE #806 SUNNY ISLES, FL 33160

07052005 Chg-LLC CR2E063 (10/03)

2. Principal Place of Business	3. Mailing Address
19333 COLLINS	19333 COLLINS 806
Suite, Apt. #, etc. 806	Suite, Apt. #, etc. 806
City & State SUNNY ISLES	City & State SUNNY ISLES
Zip 33160 County DADE	Zip 33160 County DADE

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
SERFATY, CHARLES S ESQ
4340 SHERIDAN STREET, SECOND FLOOR
HOLLYWOOD, FL 33021

7. Name and Address of New Registered Agent
Name: SERFATY CHARLES
Street Address (P.O. Box Number Is Not Acceptable): 4340 SHERIDAN
City: HOLLYWOOD FL Zip Code: 33021

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] DATE

Filing Fee is $50.00
Due by September 7, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ZAAFARANI, NISSIM 19333 COLLINS AVENUE #806 SUNNY ISLES, FL 33160 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ZAAFARANI, YAFFA 19333 COLLINS AVENUE #806 SUNNY ISLES, FL 33160 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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] 7/7/05 917 232 6391
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #