

**FILED**  
**May 24, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90360 009 \*\*\*\*50.00

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

|  |  |   |   |
|--|--|---|---|
| <b>DOCUMENT # L04000065194</b>   |  |    |   |
| 1. Entity Name<br><b>CARNICERIA LA ABUNDANCIA LLC</b>  |  |   |   |
| Principal Place of Business<br><b>4641 S.W. 97TH COURT<br/>MIAMI, FL 33165 US</b>  |  | Mailing Address<br><b>4641 S.W. 97TH COURT<br/>MIAMI, FL 33165 US</b>   |   |
| 2. Principal Place of Business - No P.O. Box #<br><b>14429 SW 42nd St</b>  |  | 3. Mailing Address<br><b>14429 SW 42nd St</b>   |   |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.   |   |
| City & State<br><b>MIAMI FL</b>  |  | City & State<br><b>MIAMI FL</b>   |   |
| Zip<br><b>33175</b>  | Country  | Zip<br><b>33175</b>   | Country   |
| 4. FEI Number<br><b>20-1589690</b>   |  | Applied For<br><input type="checkbox"/> Not Applicable  |   |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  | \$5.00 Additional Fee Required**  |   |
| 6. Name and Address of Current Registered Agent<br><b>ACEVEDO, MARICELY<br/>4641 S.W. 97TH COURT<br/>MIAMI, FL 33165</b>   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><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.<br>SIGNATURE <b>x Mamedo</b><br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when remaining) DATE</small>  |  |   |   |
| Filing Fee is \$50.00<br>Due by May 1, 2007  |  | Make check payable to<br>Florida Department of State  |   |
| 9. MANAGING MEMBERS/MANAGERS   |  | 10. ADDITIONS/CHANGES   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <b>MGRM<br/>ACEVEDO, MARICELY<br/>4641 S.W. 97TH COURT<br/>MIAMI, FL 33165</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <b>MGRM<br/>TORRES, JUAN M<br/>4641 S.W. 97TH COURT<br/>MIAMI, FL 33165</b> <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> 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: <b>x Mamedo</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>  |  |   |   |