2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 02, 2005 8:00 am
Secretary of State

03-04-2005 90018 040 ****55.00

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1st MOORE CR2E083 (10/04)

DOCUMENT # L04000070234

1. Entity Name

FIT FOR LIFE FRESH FOOD USA, LLC

Principal Place of Business	Mailing Address
801 S. FEDERAL HIGHWAY, APT. 417 POMPANO BEACH FL 33062	801 S. FEDERAL HIGHWAY, APT. 417 POMPANO BEACH FL 33062

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 34-2018116 ☐ 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
SIMON, SIGALOS & SPYREDES, P.A. 120 EAST PALMETTO PARK ROAD SUITE 100 BOCA RATON FL 33432	Name MARWAN SAAD Street Address (P.O. Box Number is Not Acceptable) ~~801~~ 801 S. FEDERAL HIGHWAY APT 417 City POMPANO BEACH FL Zip Code 33062

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] FEB 22 05

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SAAD, MARWAN 1131 E. COMMERCIAL BLVD. OAKLAND PARK BLVD. FL 33334	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR/OWNER SAAD MARWAN 801 S. FEDERAL HIGHWAY APT 417 POMPANO BEACH FL 33062	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SAAD, IBRAHIM 1131 E. COMMERCIAL BLVD. OAKLAND PARK BLVD. FL 33334	☑ 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 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] FEB 22 05 9546144888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #