

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

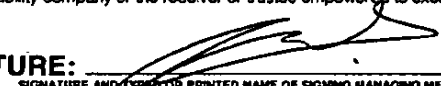
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May 02, 2005 8:00 am
Secretary of State

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 801 S. FEDERAL HIGHWAY, APT. 417 POMPANO BEACH FL 33062			Mailing Address 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 SIMON, SIGALOS & SPYREDES, P.A. 120 EAST PALMETTO PARK ROAD SUITE 100 BOCA RATON FL 33432			7. Name and Address of New Registered Agent 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 		(NOTE: Registered Agent signature required when reinstating)		DATE FEB 22 05	
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		
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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: 		DATE FEB 22 05 9546144888			
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #			