2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 29, 2006
Secretary of State

DOCUMENT# L04000085039

Entity Name: ESPIGA FOODS, LLC

Current Principal Place of Business:

3900 NW 79TH.AVE
537
MIAMI, FL 33166

New Principal Place of Business:

11277 NW 79TH LN.
MEDLEY, FL 33178

Current Mailing Address:

3900 NW 179TH. AVE
537
MIAMI, FL 33166

New Mailing Address:

11277 NW 79TH LN.
MEDLEY, FL 33178

FEI Number: 20-1942064 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CORTES, ARTURO
3900 NW 79TH. AVE
537
MIAMI, FL 33166 US

Name and Address of New Registered Agent:

CORTES, ARTURO
11277 NW 79TH LN.
MEDLEY, FL 33178 US

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.

SIGNATURE: _____ 05/29/2006
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: CORTES, ARTURO
Address: 3900 NW 79TH. AVE #537
City-St-Zip: MIAMI, FL 33166

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: P (X) Change ( ) Addition
Name: CORTES, ARTURO
Address: 11277 NW 79TH LN.
City-St-Zip: MEDLEY, FL 33178

Title: VP ( ) Change (X) Addition
Name: JIMENEZ, OLGA L
Address: 11277 NW 79TH LN.
City-St-Zip: MEDLEY, FL 33178

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.

SIGNATURE: OLGA JIMENEZ VP 05/29/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date