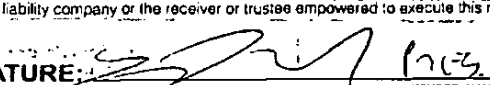


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 08, 2006 8:00 am
Secretary of State

05-02-2006 90028 039 ****50.00

DOCUMENT # L05000006269 1. Entity Name VENETO SPECIALTY FOODS LLC					
Principal Place of Business 8276 N.W. 14TH STREET MIAMI, FL 33126 US			Mailing Address 8276 N.W. 14TH STREET MIAMI, FL 33126 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		4. FEI Number 20-2213449			
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required.				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent WOODBIDGE, FREDERICK JR. 7700 N. KENDALL DRIVE SUITE 809 MIAMI, FL 33156			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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.					
SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE: MGRM NAME: BAND, SERGIO STREET ADDRESS: 8274 N.W. 14TH STREET CITY-ST-ZIP: MIAMI, FL 33126			TITLE: ☐ Change ☐ Addition NAME: ☐ Change ☐ Addition STREET ADDRESS: ☐ Change ☐ Addition CITY-ST-ZIP: ☐ Change ☐ Addition		
TITLE: MGRM NAME: GLOBE ENTERPRISES CORPORATION STREET ADDRESS: 4201 COLLINS AVENUE, STE 2503 CITY-ST-ZIP: MIAMI BEACH, FL 33140			TITLE: ☐ Change ☐ Addition NAME: ☐ Change ☐ Addition STREET ADDRESS: ☐ Change ☐ Addition CITY-ST-ZIP: ☐ Change ☐ Addition		
TITLE: ☐ Delete NAME: ☐ Delete STREET ADDRESS: ☐ Delete CITY-ST-ZIP: ☐ Delete			TITLE: ☐ Change ☐ Addition NAME: ☐ Change ☐ Addition STREET ADDRESS: ☐ Change ☐ Addition CITY-ST-ZIP: ☐ Change ☐ Addition		
TITLE: ☐ Delete NAME: ☐ Delete STREET ADDRESS: ☐ Delete CITY-ST-ZIP: ☐ Delete			TITLE: ☐ Change ☐ Addition NAME: ☐ Change ☐ Addition STREET ADDRESS: ☐ Change ☐ Addition CITY-ST-ZIP: ☐ Change ☐ Addition		
TITLE: ☐ Delete NAME: ☐ Delete STREET ADDRESS: ☐ Delete CITY-ST-ZIP: ☐ Delete			TITLE: ☐ Change ☐ Addition NAME: ☐ Change ☐ Addition STREET ADDRESS: ☐ Change ☐ Addition CITY-ST-ZIP: ☐ Change ☐ 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date: 6/6/06 Daytime Phone	