

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000057452

FILED  
Mar 15, 2007  
Secretary of State

Entity Name: QUALITY FOOD BRANDS, LLC

**Current Principal Place of Business:**

15590 NW 15TH AV  
MIAMI, FL 33169 FL

**New Principal Place of Business:**

**Current Mailing Address:**

15590 NW 15TH AV  
MIAMI, FL 33169 FL

**New Mailing Address:**

FEI Number: 20-2975298

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FOWLER WHITE BURNETT P.A.  
1395 BRICKELL AVENUE  
MIAMI, FL 33131 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SANTAELLA, CARLOS  
Address: 15590 NW 15TH AV  
City-St-Zip: MIAMI, FL 33169 US

Title: MGRM ( ) Delete  
Name: DICKINSON, JAIME  
Address: 15590 NW 15TH AV  
City-St-Zip: MIAMI, FL 33169 US

Title: MGRM ( ) Delete  
Name: DICKINSON, SHERIDAN  
Address: 15590 NW 15TH AV  
City-St-Zip: MIAMI, FL 33169 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JAIME DICKINSON

MGR

03/15/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date