2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 06, 2008
Secretary of State

DOCUMENT# L05000057452

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 ( )**
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:

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 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 05/06/2008

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