

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000079801

FILED  
Jan 09, 2006  
Secretary of State

Entity Name: AMERICAN FOOD PRODUCTS LLC

**Current Principal Place of Business:**

P.O.BOX 16-2086  
MIAMI, FL 33116 20

**New Principal Place of Business:**

**Current Mailing Address:**

P.O.BOX 16-2086  
MIAMI, FL 33116 20

**New Mailing Address:**

FEI Number: 87-0752205

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

FERNANDEZ, JOSE R SR.  
900 NORTH ROYAL POINCIANA BLVD.  
MIAMI SPRINGS, FL 33166 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: MGR ( ) Delete  
Name: FERNANDEZ, JOSE R SR.  
Address: 900 NORTH ROYAL POINCIANA BLVD.  
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: MGRM (X) Delete  
Name: FERNANDEZ, JOSE R JR.  
Address: 3625 SOUTH LAKE DRIVE  
City-St-Zip: MIAMI, FL 33155

Title: MGRM ( ) Delete  
Name: STEFANO, MIRIAM  
Address: 4740 S.W 80 ST  
City-St-Zip: MIAMI, FL 33143

**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: MIRIAM STEFANO

MGR

01/09/2006

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