2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 28, 2006
Secretary of State

DOCUMENT# L05000083583

Entity Name: PASTARELLE COMERCIO DE ALIMENTOS LLC

Current Principal Place of Business:

5506 LEHIGH AVE.
42
ORLANDO, FL 32807

New Principal Place of Business:

Current Mailing Address:

5506 LEHIGH AVE.
42
ORLANDO, FL 32807

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SEVERO, CRISTIANA
5506 LEHIGH AVE.
42
ORLANDO, FL 32807 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: SEVERO, CRISTIANA
Address: 5506 LEHIGH AVE. APT. 42
City-St-Zip: ORLANDO, FL 32807

Title: MGRM ( ) Delete
Name: SEVERO, SILVANA
Address: 5506 LEHIGH AVE. APT. 42
City-St-Zip: ORLANDO, FL 32807

Title: MGRM (X) Delete
Name: SILVA, LEONARDO C
Address: 5506 LEHIGH AVE. APT. 42
City-St-Zip: ORLANDO, FL 32807

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change ( ) Addition
Name: SILVA, LEONARDO C
Address: 5506 LEHIGH AVE. APT. 42
City-St-Zip: ORLANDO, FL 32807

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: SILVA, LEONARDO C MGRM 02/28/2006

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