FROM :GLORIA>CASTTILLOASSOC2739382) FAX NO. :305 598 2807

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Jun 14, 2007 8:00 am
Secretary of State

05-02-2007 90360 022 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000032826

1. Entity Name
BACO PRODUCTION LLC

30010721

Principal Place of Business	Mailing Address
10305 S.W. 132ND STREET MIAMI, FL 33176	10305 S.W. 132ND STREET MIAMI, FL 33176
2. Principal Place of Business - No P.O. Box # 4315 NW 7TH ST 3D	3. Mailing Address 4315 NW 7TH STREET
Suite, Apt. #, etc. 3-D	Suite, Apt. #, etc. 3-D
City & State MIAMI FL	City & State MIAMI FL
Zip 33126 Country	Zip 33126 Country

04242007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-4623393 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LAFUENTE, JUAN C
10305 S.W. 132ND STREET
MIAMI, FL 33176

7. Name and Address of New Registered Agent

Name: Caridad Alonso Gonzalez
Street Address (P.O. Box Number is Not Acceptable): 7924 SW 187TH STREET
City: MIAMI FL Zip Code: 33157

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: X [signature] DATE 4/24/07

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GONZALEZ, CARIDAD ALONSO 7924 S.W. 187TH STREET MIAMI, FL 33157	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS 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: X [signature] 4/24/0

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #