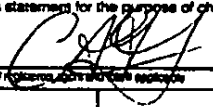


FILED
Jun 14, 2007 8:00 am
Secretary of State

FROM : GLORIA CASTILLO@SSDC2739382 FAX NO. : 305 598 2807

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

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L06000032826		
1. Entity Name BACO PRODUCTION LLC		
Principal Place of Business 10305 S.W. 132ND STREET MIAMI, FL 33176		Mailing Address 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
Subd. Apt. #, etc. 3D		Subd. Apt. #, etc. 3D
City & State MIAMI FL		City & State MIAMI FL
Zip 33126		Zip 33126
Country		Country
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 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  DATE 4/24/07		
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES
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 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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 606, Florida Statutes. SIGNATURE:  DATE 4/24/07		