

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000036643

FILED
Jan 22, 2007
Secretary of State

Entity Name: AVM FRESH PRODUCTS, LLC

Current Principal Place of Business:

2189 S.W. 52ND ST.
FT. LAUDERDALE, FL 33312 US

New Principal Place of Business:

Current Mailing Address:

2189 S.W. 52ND ST.
FT. LAUDERDALE, FL 33312 US

New Mailing Address:

FEI Number: 20-4661973

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: FORTIN, ALFREDO
Address: COL TREJO, 24 AVE, 11 CLL. A.
City-St-Zip: SAN PEDRO SULA, XX CORTES504 HN

Title: MGR () Delete
Name: FORTIN, MELISSA
Address: COL TREJO, 24 AVE, 11 CLL. A.
City-St-Zip: SAN PEDRO SULA, XX CORTES504 HN

Title: MGR () Delete
Name: PINEDA, VERONICA
Address: COL TREJO, 24 AVE, 11 CLL. A.
City-St-Zip: SAN PEDRO SULA, XX CORTES504 HN

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: MELISSA FORTIN

MGR

01/22/2007

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