

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 28, 2008 8:00 am
Secretary of State

01-28-2008 90074 018 ***138.75

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01152008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L06000056512 1. Entity Name ORIENTAL GOURMET S.A. USA LLC			
Principal Place of Business 190 NW 151 AVE PEMBROKE PINES, FL 33028		Mailing Address 190 NW 151 AVE PEMBROKE PINES, FL 33028	
2. Principal Place of Business - No P.O. Box # 270 S. FLAMINGO ROAD Suite, Apt. #, etc.		3. Mailing Address 18999 BISCAYNE BLVD Suite, Apt. #, etc. STE 205	
City & State PEMBROKE PINES, FL		City & State AVENTURA FL	
Zip 33027 Country USA		Zip 33180 Country USA	
4. FEI Number 86-1169070		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SU, XI TU 190 NW 151 AVE PEMBROKE PINES, FL 33028		7. Name and Address of New Registered Agent Name GUO XIAN, SU ZHOU Street Address (P.O. Box Number is Not Acceptable) 18999 BISCAYNE BLVD, STE 205 City AVENTURA FL Zip Code 33180	
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 01-25-08	
(NOTE: Registered Agent signature required when reinstating)		DATE	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR <input checked="" type="checkbox"/> Delete NAME SU, XI TU STREET ADDRESS 190 NW 151 AVE CITY-ST-ZIP PEMBROKE PINES, FL 33028	TITLE MGR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME SU ZHOU, GUO XIAN STREET ADDRESS 270 S. FLAMINGO ROAD CITY-ST-ZIP PEMBROKE PINES, FL 33027		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE MGR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME ORIENTAL GOURMET, S.A. STREET ADDRESS 270 S. FLAMINGO ROAD CITY-ST-ZIP PEMBROKE PINES, FL 33027		
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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		DATE 01-25-08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		DATE DAYTIME PHONE #	