

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L06000077551

FILED
Jan 18, 2007
Secretary of State**Entity Name:** DROPHY'S OF USA LLC**Current Principal Place of Business:**900 WEST 49TH STREET
SUITE 505
HIALEAH, FL 33012**New Principal Place of Business:****Current Mailing Address:**900 WEST 49TH STREET
SUITE 505
HIALEAH, FL 33012**New Mailing Address:****FEI Number:** 71-1017407**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**PEREZ, JAMES A
900 WEST 49TH STREET
SUITE 505
HIALEAH, FL 33012 US**Name and Address of New Registered Agent:**MOUKHALLALEH, JAVIER H.A.M.
900 WEST 49TH STREET
SUITE 505
HIALEAH, FL 33012 US

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: MOUKHALLALEH, JAVIER H.A.M.

01/18/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:Title: MGRM () Delete
Name: PEREZ, JAMES A
Address: 900 WEST 49TH STREET, SUITE 505
City-St-Zip: HIALEAH, FL 33012Title: MGRM (X) Delete
Name: MOUKHALLALEH, JAVIER H.A.M.
Address: 900 WEST 49TH STREET, SUITE 505
City-St-Zip: HIALEAH, FL 33012**ADDITIONS/CHANGES:**Title: MGRM (X) Change () Addition
Name: MOUKHALLALEH, JAVIER H.A.M.
Address: 900 WEST 49TH STREET, SUITE 505
City-St-Zip: HIALEAH, FL 33012Title: () 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: MOUKHALLALEH, JAVIER H.A.M.

MGRM

01/18/2007

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