

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000083597

FILED  
Jan 17, 2007  
Secretary of State

Entity Name: BEST LATIN FOOD TO GO, LLC

**Current Principal Place of Business:**

2711 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331

**New Principal Place of Business:**

**Current Mailing Address:**

2711 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PAUL SALVER, PA  
2721 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331 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: OROPEZA DE PAREZ, MARIA C  
Address: 2711 EXECUTIVE PARK DRIVE  
City-St-Zip: WESTON, FL 33331

Title: MGR ( ) Delete  
Name: PEREZ JIMENEZ, EDGAR A  
Address: 2711 EXECUTIVE PARK DRIVE  
City-St-Zip: WESTON, FL 33331

**ADDITIONS/CHANGES:**

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: EDGAR PEREZ JIMENEZ                      CEO                      01/17/2007

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