
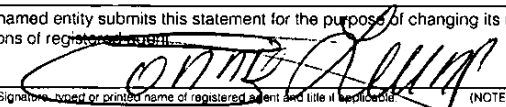
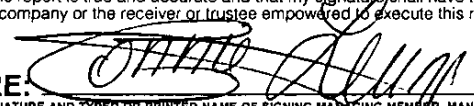


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 08, 2007 8:00 am
Secretary of State

03-08-2007 90189 006 ****55.00

DOCUMENT # L06000103987 1. Entity Name SANWA INTERNATIONAL WHOLESALE FOODS, LLC					
Principal Place of Business 2621 HILLSBOROUGH AVENUE TAMPA, FL 33610			Mailing Address PO BOX 11947 TAMPA, FL 33680		
2. Principal Place of Business - No P.O. Box # 2621 E Hillsborough Ave		3. Mailing Address Suite, Apt. #, etc.			
City & State Tampa, Florida		City & State		4. FEI Number 20-5782377	
Zip 33610		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent FOWLER WHITE BOGGS BANKER P.A. 501 E. KENNEDY BLVD. STE 1700 TAMPA, FL 33602			7. Name and Address of New Registered Agent Name a Leung, Connie Street Address (P.O. Box Number is Not Acceptable) 2801 E Hillsborough Ave City Tampa FL Zip Code 33610		
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 Feb. 27, 2007		
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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
			P Leung, Tony 2801 E. Hillsborough Ave Tampa, FL 33610		
			ST Leung, Connie 2801 E Hillsborough Ave Tampa, FL 33610	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
			"	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
				<input type="checkbox"/> Change <input type="checkbox"/> 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 608, Florida Statutes.					
SIGNATURE: 			Date 1-31-07 (P3) 642-5159		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Daytime Phone #		