

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000041906

FILED
Jan 21, 2008
Secretary of State

Entity Name: EMPOWERED FOODS, LLC.

Current Principal Place of Business:

611 MYRTLE AVE
CLEARWATER, FL 33756 US

New Principal Place of Business:

Current Mailing Address:

8130 BAY DR
TAMPA, FL 33635 US

New Mailing Address:

FEI Number: 83-0481010

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCARDINA, MANUEL
8130 BAY DR
TAMPA, FL 33635 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: MGRM () Delete
Name: SCARDINA, MANUEL
Address: 8130 BAY DR
City-St-Zip: TAMPA, FL 33635 US

Title: MGRM () Delete
Name: TABLONE, JOSHUA
Address: 8130 BAY DR
City-St-Zip: TAMPA, FL 33635 US

Title: MGRM (X) Delete
Name: MALINSKY, ALEXANDER
Address: 3211 DELEON ST
City-St-Zip: TAMPA, FL 33609 US

Title: MGRM (X) Delete
Name: MALINSKY, MARK
Address: 3211 DELEON ST
City-St-Zip: TAMPA, FL 33609 US

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:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: JOSHUA TABLONE

MGRM

01/21/2008

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