

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

03-31-2008 90271 026 ***138.75

DOCUMENT # L07000062050

1. Entity Name
DISTRIBUIDORA GIORGIO USA, LLC



Principal Place of Business Mailing Address
 12815 NW 45 AVE 12815 NW 45 AVE
 OPALOCKA, FL 33054 OPALOCKA, FL 33054

30005076



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

01082008 Chg-LLC CR2E083 (12/06)

4. FEI Number Applied For
26-0347176 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BENEDETTO, MAZZUCCO
1446 CANARY ISLAND DR
WESTON, FL 33327

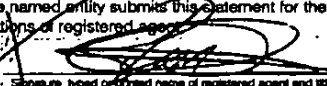
7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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: **03-26-08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing.)

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BENEDETTO, MAZZUCCO <input type="checkbox"/> Delete 1446 CANARY ISLAND DR WESTON, FL 33327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALEXANDRO, CENTOFANTI <input type="checkbox"/> Delete 27320 SW 154 AVE HOMESTEAD, FL 33032
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STEFANO, TAURCHINI <input type="checkbox"/> Delete CALLE SEMPRUM, QUINTA LEOSAN, SANTA MONICA CARACAS, DF 1060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGTM GIUSEPPE, CECINATO <input type="checkbox"/> Delete AVENIDA LLANES, QUINTA LUIGI, MACARACUAY CARACAS, DF 1060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Ad
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Ad
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Ad
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Ad
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Ad
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Ad

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.

