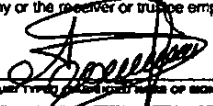


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

01-31-2008 90069 046 ***138.75

DOCUMENT # L07000069264 1. Entry Name COUCEIRO DISTRIBUTING LLC					
Principal Place of Business 2715 COLLINS AVENUE MIAMI BEACH, FL 33140			Mailing Address 540 NW 143 STREET MIAMI, FL 33168		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01072008 Chg-LLC CR2E083 (12/06)	
4. FEI Number 595-85-9165				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent COUCEIRO, ARMANDO 540 NW 143 STREET MIAMI, FL 33168				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ 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 \$338.75 Make check payable to Florida Department of State					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COUCEIRO, ARMANDO 540 NW 143 STREET MIAMI, FL 33168	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COUCEIRO, ZORAIDA 540 NW 143 STREET MIAMI, FL 33168	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	---	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	---	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	---	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	---	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	---	☐ Delete			
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:  ARMANDO COUCEIRO 01-29-2008 (305) 219-5476					