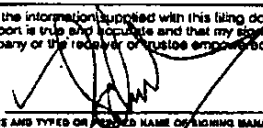
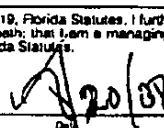


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

8/25/2008 9:00:31 PM \$143.75-\$143.75  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                |                                                                                                                                         |                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>DOCUMENT # L07000109846</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                |                                                        |                                                                   |
| 1. Entity Name<br><b>USA CANARY FOOD AND SUPPLIES, L.L.C.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                |                                                                                                                                         |                                                                   |
| Principal Place of Business<br><b>3601 NW 54 STREET<br/>MIAMI, FL 33142</b>                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                | Mailing Address<br><b>3601 NW 54 STREET<br/>MIAMI, FL 33142</b>                                                                         |                                                                   |
| 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                                                           |
| 4. FFI Number<br><b>65-0354412</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                | Applied For<br><input type="checkbox"/> Not Applicable                                                                                  |                                                                   |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                | \$5.00 Additional Fee Required                                                                                                          |                                                                   |
| 6. Name and Address of Current Registered Agent<br><b>SCHWED, JACOBO<br/>3601 NW 54 STREET<br/>MIAMI, FL 33142</b>                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is not acceptable)<br>City<br><b>FL</b> 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<br>Signature, typed or printed name of registered agent (delete if applicable). (NOTE: Registered Agent signature required when reinstating) DATE                                                                                                                                                                                                                                                                                                                                              |                                                                                                |                                                                                                                                         |                                                                   |
| <b>FILE NOW!!! FEE IS \$138.75<br/>Due by September 12, 2008</b>                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                | In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.                              |                                                                   |
| Make check payable to<br>Florida Department of State                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                |                                                                                                                                         |                                                                   |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                | 10. ADDITIONS/CHANGES                                                                                                                   |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MGRM<br>SCHWED, JACOBO<br>3601 NW 54 STREET<br>MIAMI, FL 33142 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MGRM<br>SCHWED, SUSANA<br>3601 NW 54 STREET<br>MIAMI, FL 33142 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <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: <b>9/20/08</b>  <b>65-0354412</b>             |                                                                   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                | Date                                                                                                                                    |                                                                   |