2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
May 29, 2008
Secretary of State

DOCUMENT# L07000111062

Entity Name: GIROSKI COOKING SERVICES, LLC

Current Principal Place of Business:

445 GRAND BAY DRIVE
APT. #418
KEY BISCAYNE, FL 33149 US

New Principal Place of Business:

Current Mailing Address:

445 GRAND BAY DRIVE
APT. #418
KEY BISCAYNE, FL 33149 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROSALES, BENJAMIN
445 GRAND BAY DRIVE
APT. #418
KEY BISCAYNE, FL 33149 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:	MGR	(X) Delete
Name:	MUNOZ, MILAGROS	
Address:	355 ALHAMBRA CIRCLE, SUITE 801	
City-St-Zip:	CORAL GABLES, FL 33134 US	
Title:	MGRM	(X) Delete
Name:	MUNOZ, MILAGROS	
Address:	355 ALHAMBRA CIRCLE, SUITE 801	
City-St-Zip:	CORAL GABLES, FL 33134 US	
Title:	MGRM	( ) Delete
Name:	ROSALES, BENJAMIN	
Address:	445 GRAND BAY DRIVE	
City-St-Zip:	KEY BISCAYNE, FL 33149 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:	

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: BENJAMIN ROSALES MGMR 05/29/2008

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