


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 09, 2006 08:00 AM
Secretary of State

DOCUMENT # M00000000030

1. Entity Name
DULCE DISTRIBUTION LLC



Principal Place of Business
**615 S. DUPONT HWY.
 DOVER, DE 19901**

Mailing Address
**215 S.E. 10TH AVE.
 HIALEAH, FL 33010**

DO NOT WRITE IN THIS SPACE



01052006No Chg-LLC CR2E083 (11/05)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**CORPDIRECT AGENTS, INC.
 515 E. PARK AVE.
 TALLAHASSEE, FL 32301**

DO NOT WRITE IN THIS SPACE

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

**Filing Fee is \$50.00
 Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SCHECK, MICHAEL 215 S.E. 10TH AVE. HIALEAH, FL 33010
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SCHECK, JEFFREY 215 S.W. 10TH AVE. HIALEAH, FL 33010
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SCHECK, MARTIN 215 S.E. 10TH AVE. HIALEAH, FL 33010
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 01/11/06-80018-019 50.00

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: _____ **1/5/06** **305863630**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #