


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 23, 2007 08:00 AM
Secretary of State

DOCUMENT # M00000000030 1. Entity Name DULCE DISTRIBUTION LLC	
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Principal Place of Business 615 S. DUPONT HWY. DOVER, DE 19901	Mailing Address 215 S.E. 10TH AVE. HIALEAH, FL 33010
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DO NOT WRITE IN THIS SPACE



01152007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

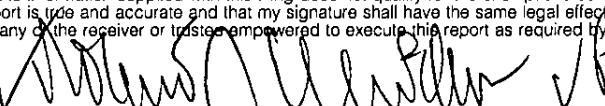
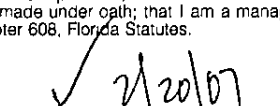
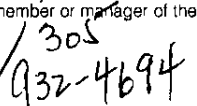
**Filing Fee is \$50.00
Due by May 1, 2007**

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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000645901
03/06/07-80006-025 50.00

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IN THIS SPACE**

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:   

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date 2/20/07 Daytime Phone # 305 932-4694