

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000002452

FILED
Jan 19, 2004
Secretary of State

Entity Name: DNA BREADS, LLC

Current Principal Place of Business:

205 DINGENS STREET
BUFFALO, NY 14206

New Principal Place of Business:

2500 NORTH AMERICA DRIVE
WEST SENECA, NY 14224

Current Mailing Address:

205 DINGENS STREET
BUFFALO, NY 14206

New Mailing Address:

2500 NORTH AMERICA DRIVE
WEST SENECA, NY 14224

FEI Number: 16-1612066

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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/MEMBERS:

Title: MGR () Delete
Name: VAN PATTEN, DENNIS
Address: 205 DINGENS STREET
City-St-Zip: BUFFALO, NY 14206

Title: MGR () Delete
Name: CERTO, ANTHONY
Address: 205 DINGENS STREET
City-St-Zip: BUFFALO, NY 14206

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: VAN PATTEN, DENNIS
Address: 2500 NORTH AMERICA DRIVE
City-St-Zip: WEST SENECA, NY 14224

Title: MGR (X) Change () Addition
Name: CERTO, ANTHONY
Address: 2500 NORTH AMERICA DRIVE
City-St-Zip: WEST SENECA, NY 14224

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ANTHONY CERTO

MGR

01/19/2004

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