2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Sep 09, 2009
Secretary of State

DOCUMENT# P95000042038

Entity Name: NEW ZEALAND DAIRY SERVICES (LATIN AMERICA) INC.

Current Principal Place of Business:

6363 NW 6TH WAY
100
FT LAUDERDALE, FL 33309

New Principal Place of Business:

Current Mailing Address:

6363 NW 6TH WAY
100
FT LAUDERDALE, FL 33309

New Mailing Address:

9525 WEST BRYN AVENUE
700
ROSEMONT, IL 60018

FEI Number: 65-0581959 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MURDOCH, ROBERT E ESQ.
JOHNSON, ANSELMO, MURDOCH, ET AL, P.A.
790 E. BROWARD BLVD., SUITE 400
FORT LAUDERDALE, FL 33301` 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

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: CASTRO, DIEGO
Address: 6363 NW 6TH WAY
City-St-Zip: FT LAUDERDALE, FL 33309

Title: CS ( ) Delete
Name: CLARKE, ZENA
Address: 6363 NW 6TH WAY
City-St-Zip: FT LAUDERDALE, FL 33309

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: BATES, MARTIN
Address: 6363 NW 6TH WAY
City-St-Zip: FT LAUDERDALE, FL 33309

Title: CS (X) Change ( ) Addition
Name: WALLACE, KIM
Address: 6363 NW 6TH WAY
City-St-Zip: FT LAUDERDALE, FL 33309

Title: D ( ) Change (X) Addition
Name: SMITH, MALCOLM
Address: 6363 NW 6TH WAY
City-St-Zip: FT LAUDERDALE, FL 33309

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 or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIM WALLACE CS 09/09/2009

Electronic Signature of Signing Officer or Director — Date