

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

07 NOV 20 PM 3:16

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L03000032384



1. Entity Name

SMP INTERNATIONAL, L.L.C.

Principal Place of Business

304 N.W. 84TH TERRACE
MIAMI FL 33150

Mailing Address

304 N.W. 84TH TERRACE
MIAMI FL 33150

2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.
1513

117 NW 42nd Avenue

City & State

City & State
MIAMI, FLORIDA

4. FEI Number

20-0103215

Applied For
Not Applicable

Zip

Country

Zip

Country

33126

USA

5. Certificate of Status Desired

\$5.00 Additional Fee Required

1st MOORE

CR2E083 (10/06)



6. Name and Address of Current Registered Agent

PEREZ, SERGIO
304 N.W. 84TH TERRACE
MIAMI FL 33150

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

SERGIO PEREZ

Sergio Perez

11-14-07

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE: MGRM Delete
NAME: PEREZ, SERGIO
STREET ADDRESS: 304 N.W. 84TH TERRACE
CITY-ST-ZIP: MIAMI FL 33150

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

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

10. ADDITIONS/CHANGES

TITLE: MGRM Change Addition
NAME: PEREZ, SERGIO
STREET ADDRESS: 117 NW 42nd Avenue #1513
CITY-ST-ZIP: MIAMI, FLORIDA 33126

TITLE: Change Addition
NAME: 200109899922
STREET ADDRESS: 09/25/07--01042--023 **50.00
CITY-ST-ZIP:

TITLE: Change Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: Change Addition
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STREET ADDRESS:
CITY-ST-ZIP:

TITLE: Change Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: Change Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

REINSTATEMENT 07

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Sergio Perez

9-21-07

(305)725-5919

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #