


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 03, 2007 8:00 am**  
**Secretary of State**

04-03-2007 90122 012 \*\*\*\*50.00

<b>DOCUMENT # L06000007255</b>			
1. Entity Name <b>PROMO GROUP ENTERTAINMENT LLC</b>			
Principal Place of Business <b>3190 PALM TRACE LANDINGS DR 802 DAVIE, FL 33314</b>		Mailing Address <b>3190 PALM TRACE LANDINGS DR 802 DAVIE, FL 33314</b>	
2. Principal Place of Business - No P.O. Box # <b>7154 N. University Dr</b>		3. Mailing Address <b>7154 N. University Dr</b>	
Suite, Apt. #, etc. <b>Suite #158</b>		Suite, Apt. #, etc. <b>Suite #158</b>	
City & State <b>Tamarac, FL</b>		City & State <b>Tamarac, FL</b>	
Zip <b>33321</b>	Country <b>USA</b>	Zip <b>33321</b>	Country <b>USA</b>
6. Name and Address of Current Registered Agent <b>BETANCOURT, EFRAIN E JR 3190 PALM TRACE LANDINGS DR 802 DAVIE, FL 33314</b>		7. Name and Address of New Registered Agent Name <b>Efrain Betancourt</b> Street Address (P.O. Box Number is Not Acceptable) <b>7154 N. University Dr Ste #158</b> City <b>Tamarac</b> <b>FL</b> Zip Code <b>33321</b>	
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 <b>Efrain Betancourt</b> DATE <b>03/12/2007</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature Required when reinstating)</small>			
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM BETANCOURT, EFRAIN E JR. 3190 PALM TRACE LANDINGS DR APT 802 DAVIE, FL 33314</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO Efrain Betancourt 7154 N. University Dr Ste #158 Tamarac, FL 33321</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President Nelson Paul Herrera 7154 N. University Dr Ste #158 Tamarac, FL 33321</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
<b>SIGNATURE:</b> <b>Efrain Betancourt</b>		Date <b>3/12/2007</b>	Daytime Phone # <b>954-608-5622</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>	<small>Daytime Phone #</small>

