

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

5/11/2007-90198-050-\$50.00-\$50.00

DOCUMENT # L06000039778 1. Entity Name SIGNET INTERNATIONAL, LLC					
Principal Place of Business 1111 KANE CONCOURSE 518 BAY HARBOR ISLANDS 33154			Mailing Address 1111 KANE CONCOURSE 518 BAY HARBOR ISLANDS 33154		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 26-1331025	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent TECHNOCON INTERNATIONAL, INC 231 - 174 ST 2417 SUNNY ISLES BEACH FL 33160				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 _____ (NOTES: Registered Agent signature required when reconstituting) DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007					
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGR DRAGUN, YURY 1111 KANE CONCOURSE #518 BAY HARBOR ISLANDS FL 33154	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGR PIZICH, ERIKS 1111 KANE CONCOURSE #518 BAY HARBOR ISLANDS FL 33154	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGR GITMAN, JACOB YAKOV 16400 COLLINS AVE #841 SUNNY ISLES BEACH FL 33160	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGR _____ _____ _____	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGR _____ _____ _____	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
REINSTATEMENT 2007 SECRETARY OF STATE TALLAHASSEE, FLORIDA FILED 07 NOV -6 PM 1:22					
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: <u>Jacob Gitman</u> 03/02/2007 305 867 1228 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					