

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000067116

FILED
Apr 29, 2009
Secretary of State

Entity Name: KATANA INTERNATIONAL, LLC.

Current Principal Place of Business:

3978 WEST 16 AVE
HIALEAH, FL 33012

New Principal Place of Business:

Current Mailing Address:

3978 WEST 16 AVE
HIALEAH, FL 33012

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TORRES, ABNER A
11244 NW 56TH. ST
DORAL, FL 33178 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/MANAGERS:

Title: MGRM () Delete
Name: TORRES, ABNER A
Address: 11244 NW 56TH. ST
City-St-Zip: DORAL, FL 33178

Title: MGRM () Delete
Name: DEVOS, TAMARA
Address: 3976 WEST 16 AVE
City-St-Zip: HIALEAH, FL 33012

Title: MGRM () Delete
Name: TORRES, NORA M
Address: 11244 NW 56TH. ST
City-St-Zip: DORAL, FL 33178

Title: MGRM () Delete
Name: TORRES, ANER A
Address: 11244 NW 56TH. ST
City-St-Zip: DORAL, FL 33178

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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: TAMARA DEVOS

MGR

04/29/2009

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