

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000008595

**FILED**  
**Mar 24, 2010**  
**Secretary of State**

**Entity Name:** NACOMA INTERNATIONAL TRUST LLC

**Current Principal Place of Business:**

160 MONTCLAIRE DRIVE  
WESTON, FL 33326

**New Principal Place of Business:**

**Current Mailing Address:**

160 MONTCLAIRE DRIVE  
WESTON, FL 33326

**New Mailing Address:**

**FEI Number:** 26-1822546

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATE CREATIONS NETWORK INC  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410 US

**Name and Address of New Registered Agent:**

LEOPOLDO, MARTINEZ  
160 MONTCLAIRE DRIVE  
WESTON, FL 33326 US

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: LEOPOLDO MARTINEZ

03/24/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: MARTINEZ, MARIA C  
Address: 160 MONTCLAIRE DRIVE  
City-St-Zip: WESTON, FL 33326

Title: MGR  
Name: MARTINEZ, LEOPOLDO  
Address: 160 MONTCLAIRE DRIVE  
City-St-Zip: WESTON, FL 33326

Title: MGR  
Name: MARTINEZ, BERNARDO E JR  
Address: 160 MONTCLAIRE DRIVE  
City-St-Zip: WESTON, FL 33326

Title: MGR  
Name: MARTINEZ, BERNARDO  
Address: 160 MONTCLAIRE DRIVE  
City-St-Zip: WESTON, FL 33326

Title: MGR  
Name: MARTINEZ, BEATRIZ  
Address: 160 MONTCLAIRE DRIVE  
City-St-Zip: WESTON, FL 33326

I hereby 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: LEOPOLDO MARTINEZ

MGR

03/24/2010

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