

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90016 029 ****50.00

DOCUMENT # L01000000100

1. Entity Name
PROMINVEST INTERNATIONAL, L.L.C.



Principal Place of Business
1580 SAWGRASS CORPORATE PARK, STE 130
FORT LAUDERDALE, FL 33323

Mailing Address
4358 MAHOGANY RIDGE DR
WESTON, FL 33331

24052122



2. Principal Place of Business

4358 MAHOGANY RIDGE DR

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04212004

Chg-LLC

CR2E083 (10/03)

City & State

WESTON FLORIDA

City & State

4. FEI Number

65-1072453-65-1071533

Applied For

Not Applicable

Zip
33331

Country
USA

Zip

Country

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LAGUNA, DARIO
4358 MAHOGANY RIDGE DR
WESTON, FL 33331

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☒ Delete
NAME BETELGEUSE MARITIMA-BELTEMAR, CA
STREET ADDRESS 1580 SAWGRASS CORP. PARK, STE 130
CITY-ST-ZIP SUNRISE, FL 33323

TITLE MGRM ☒ Change ☐ Addition
NAME BETELGEUSE MARITIMA BETELHAR, CA
STREET ADDRESS 4358 MAHOGANY RIDGE DR
CITY-ST-ZIP WESTON, FL 33331

TITLE MGRM ☐ Delete
NAME LAGUNA, DARIO JOSE
STREET ADDRESS 4358 MAHOGANY RIDGE DR
CITY-ST-ZIP WESTON, FL 33331

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

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

DARIO LAGUNA

04/21/04

Date

(954) 261-4236

Daytime Phone #