

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000022753

FILED
Jun 28, 2006
Secretary of State

Entity Name: ASSIMEX INTERNATIONAL LLC

Current Principal Place of Business:

780 NORTHWEST LEJEUNE ROAD, SUITE 516
MIAMI, FL 33126

New Principal Place of Business:

9100 S DADELAND BLVD
STE 912
MIAMI, FL 33156

Current Mailing Address:

780 NORTHWEST LEJEUNE ROAD, SUITE 516
MIAMI, FL 33126

New Mailing Address:

9100 S DADELAND BLVD
STE 912
MIAMI, FL 33156

FEI Number: 98-0432749 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

PIEDRA, AURELIO A
780 NW 42 AVENUE
SUITE 516
MIAMI, FL 33126 US

Name and Address of New Registered Agent:

PIEDRA, AURELIO A
9100 S DADELAND BLVD
STE 912
MIAMI, FL 33156 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: AURELIO A PIEDRA

06/28/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ALONSO, RODOLFO ONETO
Address: 780 NORTHWEST LEJEUNE ROAD, SUITE 516
City-St-Zip: MIAMI, FL 33126

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ALONSO, RODOLFO ONETO
Address: 9100 S DADELAND BLVD STE 912
City-St-Zip: MIAMI, FL 33156

I hereby certify that the information supplied with this filing does not qualify for the 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: RODOLFO ONETO ALONSO

MGR

06/28/2006

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