

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000110819

FILED  
Jan 21, 2008  
Secretary of State

Entity Name: PROFIT SUPPLY CENTER, LLC

## Current Principal Place of Business:

3801 COLLINS AVENUE, UNIT 1004  
MIAMI BEACH, FL 33140

## New Principal Place of Business:

3801 COLLINS AVE, UNIT 1004  
MIAMI BEACH, FL 33140

## Current Mailing Address:

3801 COLLINS AVENUE, UNIT 1004  
MIAMI BEACH, FL 33140

## New Mailing Address:

3801 COLLINS AVE, UNIT 1004  
MIAMI BEACH, FL 33140

FEI Number: 75-3258865

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MURAI WALD BIONDO MORENO & BROCHIN, P.A.  
TWO ALHAMBRA PLAZA, PH-1B  
CORAL GABLES, FL 33134 US

## Name and Address of New Registered Agent:

DE LA MACORRA, JERONIMO  
3801 COLLINS AVE, UNIT 1004  
MIAMI BEACH, FL 33140 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: JERONIMO DE LA MACORRA

01/21/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: ANTONIO JUAN MARCOS,  
Address: 3801 COLLINS AVENUE, UNIT 1004  
City-St-Zip: MIAMI BEACH, FL 33140

Title: MGRM ( ) Delete  
Name: JUAN REYNOSO,  
Address: 3801 COLLINS AVENUE, UNIT 1004  
City-St-Zip: MIAMI BEACH, FL 33140

Title: MGRM ( ) Delete  
Name: JERONIMO DE LA MACOR, RA  
Address: 3801 COLLINS AVENUE, UNIT 1004  
City-St-Zip: MIAMI BEACH, FL 33140

Title: MGRM ( ) Delete  
Name: EDUARDO MICHELSEN DE, LGADO  
Address: 3801 COLLINS AVENUE, UNIT 1004  
City-St-Zip: MIAMI BEACH, FL 33140

Title: MGRM ( ) Delete  
Name: GERMAN ARELLANO DUAR, TE  
Address: 3801 COLLINS AVENUE, UNIT 1004  
City-St-Zip: MIAMI BEACH, FL 33140

Title: MGRM ( ) Delete  
Name: YOLANDA TORRES FONSE, CA  
Address: 3801 COLLINS AVENUE, UNIT 1004  
City-St-Zip: MIAMI BEACH, FL 33140

## 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:

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: JERONIMO DE LA MACORRA

MGRM

01/21/2008

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