2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	DOCUMENT # L0000003236 1. Entity Name INTERMARKETING EXPRESS USA LLC							SECRETARY OF STATE TALLAHASSEE. FLORIDA			
Suito, Appl. #, etc. Applicable Milamit, Florida 4. FEI Number 65-1010255 Not Applicable Not Applicable St. 000 Applicable Not Applicable St. 000 Applicable	2833 BIRD A	AVENUE :		2665 S. BAYSHORE D	R., STE. 7	703		 23 83 83 93 8 5	EEII ar iib ra i ca ib		? ## #
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City & State Country State Miami, Florida St. Plot 10285 St. OA Additional Fee Required Country St. OA Agricultural Fee Required St. OA Additional F	Suite, Apt.	. #, etc.	-u-u		venue		04222004	Cha-LLC	CR2E0	83 (10/03)	
Country Status Desired Status Desi	City & State					I	er	-	Ар	·	
WORLD CORPORATE SERVICE, INC. 2665 BAYSHORE DRIVE, SUITE 703 MIAMI, FL 33133 8. The above named early submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with and accept the obligations of Florida Department of State. Filling Fee is \$50.00 Make check payable to Florida Department of State. International Plants of Florida Department of State. International Plants of Florida Department of State of Florida Department of State. International Plants of Florida Department of State of Florida Depart	Zip	Cou	untry		Coun					\$5.00 Add	litional
Albert J. Tazo, Esq. Sireal Aggress (P.O. Box Number in Not Acceptable) City Miami FL 33133 8. The above named goilty submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am tamilar with, and accept the obligations of rigidalized agent. SIGNATURE Filling Fee is \$50.00 Due by May 1, 2004 Filling Fee is \$50.00 Due by May 1, 2004 Filling Fee is \$50.00 Make check payable to Florida Department of State 9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES TITE NAME NAME NAVARRO, CARLOS M SIRET ADDRESS OTY-51-2P MAMI, FL 33133 Delete ITILE NAME SIRET ADDRESS OTY-51-2P TITLE NAME		6. Name and A	Address of Current R			,	7. Name and	Address of New F		·	
8. The above named gottly 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 Albert J. Lazo 4/22/04	2665 BAY	SHORE DRIVE				All	pert J. La ess (P.O. Box Numb 33 Bird Av	ZO, Esq. er is Not Acceptabl enuee	le) .		
8. The above named gruth submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Albert J. Iazo 4/22/04		4					am i	***	FL	Zip Code	 3
SIGNATURE Albert J. Iazo 4/22/04	8. The above	named entity subm	nits this statement for	the purpose of changing its	s registere	ed office or regi	istered agent, or bo	th, in the State of Fl	lorida. I am f	amiliar with,	and accept
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CITY-ST-ZIP 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	9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MGR NAVARRO, CA 2833 BIRD AVE	MANAGING MEMBER IRLOS M ENUE	Delete Delete Delete	TITLE NAMIN STRE CITY TITLE NAMIN STRE STRE	E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESSST-ZIP E ET ADDRESSST-ZIP E ET ADDRESSST-ZIP E ET ADDRESSST-ZIP	85/14	ADDITIONS .	A Departme	Change Change Change	Addition Addition

and accurate and that my signature shall have the same legal effect as if made under cath; that I am a managing member or manager of the speciver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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