

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90009 021 ****50.00

DOCUMENT # L00000003236					
1. Entity Name INTERMARKETING EXPRESS USA LLC					
Principal Place of Business 3326 MARY STREET SUITE 601 MIAMI, FL 33133			Mailing Address C/O CARLOS MAURICIO NAVARRO 2829 BIRD AVENUE #5 PMB 299 MIAMI, FL 33133		
2. Principal Place of Business 2829 BIRD AVE. Suite, Apt. #, etc. suites.		3. Mailing Address 2829 BIRD AVE. Suite, Apt. #, etc. suites.			
City & State Miami FL		City & State Miami FL		4. FEI Number 65-1010265	
Zip 33133		Zip 33133		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LAZO, ALBERT J ESQ 3326 MARY STREET SUITE 601 MIAMI, FL 33133			7. Name and Address of New Registered Agent Name: <u>Navarro, Carlos M.</u> Street Address (P.O. Box Number is Not Acceptable): <u>2829 Bird Ave Ste 5</u> City: <u>Miami</u> FL Zip Code: <u>33133</u>		
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: <u>[Signature]</u> (NOTE: Registered Agent signature required when reinstating) DATE: _____					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NAVARRO, CARLOS M 2829 BIRD AVENUE #5 PMB 299 MIAMI, FL 33133	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NAVARRO, CARLOS M 2829 BIRD AVENUE #5 PMB 299 MIAMI, FL 33133	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NAVARRO, CARLOS M 2829 BIRD AVENUE #5 PMB 299 MIAMI, FL 33133	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>[Signature]</u> 4/26/06 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					