

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000007594

FILED
Feb 21, 2009
Secretary of State

Entity Name: GM & S INTERNATIONAL, L.C.

Current Principal Place of Business:

4219 VINEYARD CIRCLE
WESTON, FL 33332 US

New Principal Place of Business:

Current Mailing Address:

4219 VINEYARD CIR.
WESTON, FL 33332

New Mailing Address:

4219 VINEYARD CIRCLE
WESTON, FL 33332 US

FEI Number: 65-1020486

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MORABITO, GERARDO
4219 VINEYARD CIR.
WESTON, FL 33332 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MORABITO, GERARDO A MR
Address: 4219 VINEYARD CIR.
City-St-Zip: WESTON, FL 33332

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MORABITO, GERARDO A MR
Address: 4219 VINEYARD CIR.
City-St-Zip: WESTON, FL 33332 US

Title: MGR () Change (X) Addition
Name: MORABITO, SORAYA MRS
Address: 4219 VINEYARD CIR
City-St-Zip: WESTON, FL 33332 US

Title: MGR () Change (X) Addition
Name: INVERSORA MORABITO C, .A.
Address: 4219 VINEYARD CIR
City-St-Zip: WESTON, FL 33332 US

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: GERARDO MORABITO

MGR

02/21/2009

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