

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED

2007 JUN -4 P 1:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000009566 1. Entity Name PRODESA INTERNATIONAL, LLC																											
Principal Place of Business 2730 SW 3 AVE SUITE 601 MIAMI, FL 33129		Mailing Address 2730 SW 3 AVE SUITE 601 MIAMI, FL 33129																									
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 550 Brickell Key Dr																									
Suite, Apt. #, etc. Suite 305		Suite, Apt. #, etc. Suite 305																									
City & State Miami FL		City & State Miami FL																									
Zip 33131	Country USA	05012007 Chg-LLC CR2E083 (12/06)																									
4. FEI Number 65-1112767		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		6. Name and Address of Current Registered Agent ORTIZ FERNANDEZ, CARLOS J 2730 SW 3 AVE SUITE 601 MIAMI, FL 33129																									
7. Name and Address of New Registered Agent Transglobal Corporate Administration LLC Street Address (P.O. Box Number is Not Acceptable) 550 Brickell Key Dr #0-305 City Miami FL 33131		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>Robert M. Haber</u> DATE <u>4/30/07</u> <small>Signature must be printed name of registered agent and true if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																									
Amended AR is \$50.00		Make check payable to Florida Department of State																									
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">MGRM</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>ORTIZ, CARLOS J</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>555 CRANDON BLVD 72</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>KEY BISCAIYNE, FL 33149</td> <td></td> </tr> </table>		TITLE	MGRM	<input type="checkbox"/> Delete	NAME	ORTIZ, CARLOS J		STREET ADDRESS	555 CRANDON BLVD 72		CITY-ST-ZIP	KEY BISCAIYNE, FL 33149		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>100104119151</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>06/08/07--01032--008 **50.00</td> <td></td> </tr> </table>		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS	100104119151		CITY-ST-ZIP	06/08/07--01032--008 **50.00	
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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>Carlos Ortiz</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date <u>5/18/07</u> Daytime Phone # <u>305 374 3800</u>																									