FILED Aug 04, 2002 8:00 am Secretary of State

2002 UNIFORM BUSINESS REPO	PRT (UBR)
DOCUMENT # 1 01000016289	

08-04-2002 90160 028 ****50.00 GLOBAL ALLIANCE PRINTING, LLC Principal Place of Business Mailing Address 780 NORTHWEST 42ND AVE., STE. 516 780 NORTHWEST 42ND AVE., STE, 516 MIAMI FL 33126 MIAMI FL 33126 2. Principal Place of Business
7859 NW 15 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For Not Applicable Country \$5.00 Additional 5. _Certificate of Status Desired_ Fee Required 6. Name and Address of Current Registered Agen 7. Name and Address of New Registered Agent Name SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR **MIAMI FL 33145** City 8. The above named entity submits this statement for the purpose of changing its registered office or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent SIGNATURE DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By September 25, 2002 9. MANAGING MEMBERS/MANAGERS 10 ADDITIONS/CHANGES TITLE ☐ Delete TITLE ☐ Change Addition VILLAFANA, HORACIO DARIO NAME NAME 780 NORTHWEST 42ND AVE., STE. 516 STREET ADDRESS STREET ADDRESS CR2E083 CITY-ST-7P MIAMI FL 33126 CiTY-ST-ZIP MGR TITLE ☐ Defete TITLE ☐ Change ☐ Addition VILLAFANA, SERGIO DAVID NAME NAME STREET ADDRESS 780 NORTHWEST 42ND AVE., STE. 516 STREET ADDRESS MIAM# FL 33126 CITY-ST-ZIP CITY-ST-ZIP MGR=~ TITLE Delete -THE Change — 🔲 Addition ANTONIO FABRIS, HUMBERTO NAME NAME STREET ADDRESS 780 NORTHWEST 42ND AVE., STE. 516 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33126 CITY-ST-ZIP MGR TITLE ☐ Delete TITLE ☐ Change ☐ Addition FABRIS, LUIS NAME MAME STREET ADDRESS 780 NORTHWEST 42ND AVE., STE. 516 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33126 CDY-ST-ZIP ☐ Delete TIRE ☐ Change Addition MAXIMILIANO SALAS, EDUARDO NAME NAME STREET ADDRESS 780 NORTHWEST 42ND AVE., STE. 516 STREET ADDRESS CITY-ST-7/2 **MIAMI FL 33126** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CJTY-S7-21P 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 indicated on this report is true and accurage 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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

NATURE REQUIRED

NG MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date Daytime Phone #