2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90014 048 ****55.00

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1. Entity Name
PROMOVAL HOLDINGS L.C.

Principal Place of Business	Mailing Address
2588 SW 27TH AVE. MIAMI, FL 33133	2588 SW 27TH AVE. MIAMI, FL 33133

02022004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
2121 PONCE DE LEON BLVD	2121 PONCE DE LEON BLVD
Suite, Apt. #, etc.: SUITE 240	Suite, Apt. #, etc.: SUITE 240
City & State: CORAL GABLES, FLORIDA	City & State: CORAL GABLES, FLORIDA
Zip: 33134 Country:	Zip: 33134 Country:

4. FEI Number: 65-1140690 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GARCIA, ANTONIO
2588 S.W. 27TH AVE.
MIAMI, FL 33133

7. Name and Address of New Registered Agent

Name: PRATS, GABRIEL
Street Address (P.O. Box Number is Not Acceptable): 2121 PONCE DE LEON BLVD.
SUITE 240
City: CORAL GABLES FL Zip Code: 33134

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 [signature] 2-4-04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEGA, JOSE C 2558 SW 27TH AVE. MIAMI, FL 33133	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CALARA LTD. 2121 PONCE DE LEON BLVD. N. 240 CORAL GABLES, FLORIDA 33134	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEGA, JOSE C 2558 SW 27TH AVE. MIAMI, FL 33133	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR INVERLEG L.L.C. 2121 PONCE DE LEON BLVD. N. 240 CORAL GABLES, FLORIDA 33134	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 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: [signature] Jose Carlos Lega 4/26/04 305-444-8333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #