2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 12, 2004 8:00 am
Secretary of State
03-12-2004 90229 018 ****50.00

DOCUMENT # L02000001643

1. Entity Name
R & D INTERNATIONAL, LLC

Principal Place of Business	Mailing Address
~~777 NW 72ND AVE~~ 3M10 ~~MIAMI~~, FL 33126	~~777 NW 72ND AVE~~ 3M10 ~~MIAMI~~, FL 33126

2. Principal Place of Business	3. Mailing Address
7972 NW 66 Street	7972 NW 66 Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, Fl.	City & State: Miami, Florida
Zip: 33166 Country: USA	Zip: 33166 Country: USA.

02062004 Chg-LLC CR2E083 (10/03)

4. FEI Number: 04-3599510 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

RODRIGUES, MANUEL SILVA
~~10411 NW 48TH ST.~~ 6901 NW 112 AV.
MIAMI, FL 33178

7. Name and Address of New Registered Agent

Name: Rodrigues Manuel Silva
Street Address (P.O. Box Number is Not Acceptable): 6901 NW 112th Avenue
City: Miami FL Zip Code: 33178

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: Manuel S. Rodrigues 02/06/04
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

TITLE	MGRM	☐ Delete
NAME	RODRIGUES, MANUEL SILVA	
STREET ADDRESS	10411 NW 48TH ST.	
CITY-ST-ZIP	MIAMI, FL 33178	
TITLE	MGRM	☐ Delete
NAME	ATILA DE OLIVEIRA DENYS	
STREET ADDRESS	RUA 24 DE MAIO, 220 SALA 105	
CITY-ST-ZIP	MANAUS-AMAZONAS-BRASIL,	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	MGRM	☒ Change ☐ Addition
NAME	Manuel S. Rodrigues	
STREET ADDRESS	6901 NW 112 Avenue	
CITY-ST-ZIP	Miami, Fl. 33178.	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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 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: Manuel S. Rodrigues · 02/06/04 (305)418-4042
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #