

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L02000003596

FILED
Jul 13, 2009
Secretary of State**Entity Name:** INTERNATIONAL SALES GROUP, LLC**Current Principal Place of Business:**2875 NE 191 STREET,
STE 200
AVENTURA, FL 33180**New Principal Place of Business:****Current Mailing Address:**2875 NE 191 STREET,
STE 200
AVENTURA, FL 33180**New Mailing Address:****FEI Number:** 75-3002464 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**SANFORD N. REINHARD, P.A.
1290 WESTON ROAD
SUITE 201
WESTON, FL 33326 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:** MGRM () Delete
Name: MONOGRAM MARKETING, INC
Address: 2875 NE 191 STREET, #200
City-St-Zip: AVENTURA, FL 33180**Title:** MGRM () Delete
Name: CRAIG NICOLE, INC.
Address: 2875 NE 191 STREET, #200
City-St-Zip: AVENTURA, FL 33180**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** MGR () Change (X) Addition
Name: AMBROSIO, MICHAEL
Address: 2875 NORTHEAST 191 STREET, STE 200
City-St-Zip: AVENTURA, FL 33180

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: MICHAEL AMBROSIO

MGR

07/13/2009

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