2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Mar 09, 2005 08:00 AM Secretary of State DOCUMENT # L02000016240 NEXPRO INTERNATIONAL LLC Principal Place of Business Mailing Address 1460 M-NW 107TH AVENUE 1460 M-NW 107TH AVENUE MIAMI FL 33172 MIAMI FL 33172 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E083 (10/04) City & State City & State 4. FEI Number Applied For 75-3086065 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ALVARO CASTILLO B., P.A. 1390 BRICKELL AVE. SUITE 200 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33131** City Zip Code 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 Sgnature, typed or printed name of registered agent and title if explicable (NOTE Registered Agent sonature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005_ MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES THILE THE □ Defete ☐ Change Addition NAME NEW CONSULTANTS LTD. NAME 1/000000256915 STREET ADDRESS 1390 BRICKELL AVE, SUITE 200 STREET ADDRESS 03/09/05-80033-007 50.00 CITY-ST-ZIP MIAMI FL 33131 CATY-ST-ZIP Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SE-ZIP THEF Delete THE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP UTY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete DILE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete THILE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP OTTY-ST-7/P 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 employeed to execute this report as required by Chapter 608, Florida Statutes.

GEDNO SHOREPA

SIGNATURE:

FILED

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