

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000018325

**FILED**  
**Apr 29, 2005**  
**Secretary of State**

**Entity Name:** P.L.G. INTERNATIONAL, LLC

**Current Principal Place of Business:**

6480 METROWEST BLVD  
APT 916  
ORLANDO, FL 32835

**New Principal Place of Business:**

**Current Mailing Address:**

6480 METROWEST BLVD  
APT 916  
ORLANDO, FL 32835

**New Mailing Address:**

**FEI Number:** 03-0476698      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PROFESSIONAL ACCOUNTANTS & CONSULTANTS INC  
1157 W SR 436  
SUITE 105  
ORLANDO, FL 32714 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/MEMBERS:**

Title: MGR      ( ) Delete  
Name: PAEZ, JUAN S  
Address: 6480 METROWEST BLVD #916  
City-St-Zip: ORLANDO, FL 32835

Title: MGR      ( ) Delete  
Name: GARCIA, MARY C  
Address: 6480 METROWEST BLVD #916  
City-St-Zip: ORLANDO, FL 32835

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JUAN S PAEZ      MGR      04/29/2005

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