

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90108 009 ****50.00

DOCUMENT # L02000026803 1. Entity Name RINAM INTERNATIONAL, L.L.C.																											
Principal Place of Business 5417 NW 72 AVE MIAMI, FL 33166		Mailing Address 5417 NW 72 AVE MIAMI, FL 33166																									
2. Principal Place of Business 5215 NW 72 AVE Suite, Apt. #, etc.		3. Mailing Address 5215 NW 72 AVE Suite, Apt. #, etc.																									
City & State MIAMI, FL Zip 33166 Country		City & State MIAMI FL Zip 33166 Country																									
4. FEI Number 54-2077271		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required																									
6. Name and Address of Current Registered Agent GBS CONSULTANTS 1290 WESTON ROAD STE. 306 WESTON, FL 33326		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																											
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State																									
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">MGRM</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>AMBRUGNA, ALEJANDRO</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5417 NW 72 AVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33166</td> <td></td> </tr> </table>		TITLE	MGRM	<input type="checkbox"/> Delete	NAME	AMBRUGNA, ALEJANDRO		STREET ADDRESS	5417 NW 72 AVE		CITY-ST-ZIP	MIAMI, FL 33166		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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:		Date 01/20/05 Daytime Phone # (786) 621 4793																									
<small>SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																											