2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 06, 2004 8:00 am
Secretary of State
02-06-2004 90164 030 ****55.00

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1. Entity Name
APPROACH TECHNOLOGIES INTERNATIONAL, LLC

Principal Place of Business	Mailing Address
~~10414 N.E. 17TH AVENUE~~ ~~NORTH MIAMI BEACH, FL 33179~~	~~10414 N.E. 17TH AVENUE~~ ~~NORTH MIAMI BEACH, FL 33179~~

01292004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
14645 NW 77 Ave.	14645 NW 77 Ave.
Suite, Apt. #, etc. 107	Suite, Apt. #, etc. 107
City & State MIAMI LAKES, FL.	City & State MIAMI LAKES, FL.
Zip 33014 Country USA	Zip 33014 Country USA

4. FEI Number 32-0039934 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
AMAD, JORGE 3100 SW 186 TERRACE MIRAMAR, FL 33029	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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ~~ALEJANDRO, GUELMAN~~ ~~10414 NE 17TH AVE~~ ~~NORTH MIAMI BEACH, FL 33170~~	☒ Delete	MGRM AMAD JORGE 3100 SW 186th TERRACE MIRAMAR, FL. 33029	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST AMAD, JORGE 3100 SW 180 TERR MIRAMAR, FL 33029	☐ Delete	MGRM SERGIO BROK 346 NW 118th Ave. CORAL SPRING, FL. 33071	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	MGRM RICHARD BEATO 7635 SW 106th Ave. MIAMI, FL. 33173	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: _____ 02/03/2004 (305) 817-3317
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #