## **2005 LIMITED LIABILITY COMPANY**

## **ANNUAL REPORT** DOCUMENT #1 02000029672 ATTE SEA

FILED Apr 06, 2005 8:00 am Secretary of State

1. Entity Name LATIN MARKETING REPRESENTATION L.L.C.			04-06-2005 90021 026 ****55.00
Principal Place of Business	Mailing Address		ַ נוטטטטטט .
1110 BRICKELL AVE., STE. 430 MIAMI, FL 33131	2121 PONCE DE LEON CORAL GABLES, FL 33		70040010
2. Principal Place of Business	3. Mailing Address		
2332 GALIANO STRE	ET		4 TODIIDII AM OBSID TIBRI BETH ABSIL MBILL WALLA (1919 FOLIO ALFII (BRIO 11920) III ABBI
Suite, Apt. #, etc.	Suite, Apt. #, etc.		01102005 Chg-LLC CR2E083 (10/03)
City & State CORAL GABLES, FL.	City & State	,	4. FEI Number Applied For 54-2083263 Not Applicable
Zip Country	Zip	Country	5. Certificate of Status Desired \$5.00 Additional
33134			Fee Required
6. Name and Address	of Current Registered Agent	Name	7. Name and Address of New Registered Agent
PRATS, GABRIEL			
2121 PONCE DE LEON BLVD.,	STE. 240	Street Address	(P.O. Box Number is Not Acceptable)
CORAL GABLES, FL 33134			
		City	<b>₽</b> Zip Code
	<del>_</del>	'	FL
<ol> <li>The above named entity submits this the obligations of registered agent.</li> </ol>	statement for the purpose of changing its	s registered office or registe	ered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	egistered agent and title if applicable. (NO	FE: Registered Agant signature require	ed wheri reinstating) DATE
Filing Fee Is \$50.00			
Due by May 1, 2005			Make check payable to Florida Department of State
Due by May 1, 2005	ING MEMBERS/MANAGERS	10.	
Due by May 1, 2005	☐ Delete	TITLE MGI NAME GUT STREET ADDRESS 233	ADDITIONS/CHANGES  R-D Y Change Addition FIERREZ, GLADYS B2 GALIANO ST.
9. MANAG  TITLE MGR NAME GUTIERREZ, GLADYS STREET ADDRESS 1110 BRICKELL AVE.	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP CONTILE NAME STREET ADDRESS. 23	ADDITIONS/CHANGES  R-D X Change Addition FIERREZ, GLADYS 32 GALIANO ST. RAL GABLES, FL. 33134
9. MANAG: TITLE MGR STREET ADDRESS' LITLE NAME STREET ADDRESS MIAMI, FL 33131 TITLE NAME STREET ADDRESS	Delete S STE. 430	TITLE NAME STREET ADDRESS CITY-ST-ZIP CONTILE NAME STREET ADDRESS. 23	ADDITIONS/CHANGES  R-D
9. MANAG  TITLE MGR STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP	Delete S STE. 430	TITLE NAME STREET ADDRESS CITY-ST-ZIP  TILE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME NAME NAME NAME NAME NAME	ADDITIONS/CHANGES  R-D Y Change Addition FIERREZ, GLADYS B2 GALIANO ST. RAL GABLES, FL. 33134  R. Change Addition Change CA Change CA Addition CA Addition Change CA CA Addition Change CA CA Addition Change CA
9. MANAG  TITLE MGR  NAME GUTIERREZ, GLADYS STREET ADDRESS' CITY-ST-ZIP MIAMI, FL 33131  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE	Delete S STE. 430	TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE	ADDITIONS/CHANGES  R-D Y Change Addition FIERREZ, GLADYS B2 GALIANO ST. RAL GABLES, FL. 33134  R. Change Addition Change CA Change CA Addition CA Addition Change CA CA Addition Change CA CA Addition Change CA
9. MANAG: TITLE MGR STREET ADDRESS' 1110 BRICKELL AVE. CITY-ST-ZIP MIAMI, FL 33131  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	Delete S STE. 430	TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS COPY TITLE NAME STREET ADDRESS	ADDITIONS/CHANGES  R-D Y Change Addition FIERREZ, GLADYS B2 GALIANO ST. RAL GABLES, FL. 33134  R. Change M Addition Change M Addition DAVID, LILIANA M B2 GALIANO STREET RAL GABLES, FL 33134
9. MANAG  TITLE MGR STREET ADDRESS' CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete S STE. 430	TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGES  R-D

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.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

SIG	NAT	URE:
-		~

TITLE

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

OR AUTHORIZED REPRESENTATIVE

☐ Delete

☐ Delete

☐ Change

☐ Change

Addition

☐ Addition