


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90121 004 ****50.00

DOCUMENT # L03000014259

1. Entity Name
TININO INTERNATIONAL LLC



Principal Place of Business
**9843D BOCA GARDEN TRAIL
 BOCA RATON, FL 33496**

Mailing Address
**9843D BOCA GARDEN TRAIL
 BOCA RATON, FL 33496**

24063047

2. Principal Place of Business
42 NW 27 AVE

3. Mailing Address
42 NW 27 AVE

Suite, Apt. #, etc.
309-1



04292004 Chg-LLC CR2E083 (10/03)

City & State
MIAMI, FLORIDA

City & State
MIAMI, FLORIDA

Zip
33125

Country
DADE

4. FEI Number
35-2208653

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
**CORPORATE CREATIONS NETWORK INC.
 11380 PROSPERITY FARMS RD. #221E
 PALM BEACH GARDENS, FL 33410**

7. Name and Address of New Registered Agent
 Name **ARMANDO R. HERRERA LOPEZ**
 Street Address (P.O. Box Number is Not Acceptable)
42 NW 27 AVE # 309-1
 City **MIAMI** FL Zip Code **33125**

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 **04/29/2004**

(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	MGR. HERRERA LOPEZ, ARMANDO R 9843D BOCA GARDEN TRAIL BOCA RATON, FL 33496 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR. HERRERA LOPEZ, ARMANDO R. 42 NW 27 AVE # 309-1 MIAMI, FL 33125 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR. CANELON, ANA MARIA. 42 NW 27 AVE # 309-1 MIAMI, FL 33125 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  DATE **04/29/2004**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #