FILED
Apr 09, 2004 8:00 am
Secretary of State
02-19-2004 90159 025 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L03000022745

1. Entity Name.
PROVIDENT INTERNATIONAL, LLC

34003078

MOORE CR2E083 (11/03)

Principal Place of Business	Mailing Address
4762 S.W. 72ND AVENUE MIAMI FL 33155	4762 S.W. 72ND AVENUE MIAMI FL 33155

2. Principal Place of Business	3. Mailing Address
834B NW 68 Street	834B NW 68 Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami - FL.	City & State: Miami - FL.
Zip: 33166 Country: DADE	Zip: 33166 Country: DADE

4. FEI Number: 75-3121060 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LADKI, FADI R
4762 S.W. 72ND AVENUE
MIAMI FL 33155

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 [signature] FADI LADKI 2/16/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	LADKI, FADI R		NAME		
STREET ADDRESS	4762 S.W. 72ND AVENUE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33155		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: [signature] FADI LADKI 2/16/04 305-4709696
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #