


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90351 018 \*\*\*\*\*50.00

<b>DOCUMENT # L03000035446</b>	
1. Entity Name DFS INTERNATIONAL, LLC	

Principal Place of Business 12550 BISCAYNE BLVD., STE. 405 NORTH MIAMI, FL	Mailing Address 12550 BISCAYNE BLVD., STE. 405 NORTH MIAMI, FL
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2. Principal Place of Business 1911 HARRISON Street	3. Mailing Address 1911 HARRISON Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Hollywood, FLORIDA	City & State Hollywood, FLORIDA
Zip 33020	Zip 33020
Country U.S.A	Country U.S.A



04142004 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-0251553	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent GRISALES & JACOBS, LLP 12550 BISCAYNE BLVD., STE. 405 NORTH MIAMI, FL 33181	
7. Name and Address of New Registered Agent Name: GRISALES and JACOBS, LLP Street Address (P.O. Box Number is Not Acceptable): 1911 HARRISON Street City: HOLLYWOOD FL Zip Code: 33020	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Filing Fee is \$50.00 Due by May 1, 2004	Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER PERCHIK ELIAS 1911 HARRISON Street Hollywood, FL 33020 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	M PERCHIK ELIAS 1911 HARRISON Street Hollywood, FL 33020, <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
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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date _____	Daytime Phone # _____
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