

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

50.00

DOCUMENT # L03000035446 1. Entity Name DFS INTERNATIONAL, LLC						SECRETARY OF STATE DIVISION OF CORPORATIONS 06 FEB 14 AM 11:17	
Principal Place of Business 1911 HARRISON ST. HOLLYWOOD, FL 33020				Mailing Address 1911 HARRISON ST. HOLLYWOOD, FL 33020			
2. Principal Place of Business 2999 NE 191st Street Suite, Apt. #, etc. PH-8 City & State AVENTURA, FL Zip 33180		3. Mailing Address 2999 NE 191st Street Suite, Apt. #, etc. PH-8 City & State AVENTURA, FL Zip 33180		02032006 Chg-LLC CR2E083 (11/05)			
Country USA		Country USA		4. FEI Number 20-0251553		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent GRISALES & JACOBS, LLP 1911 HARRISON ST. HOLLYWOOD, FL 33020			
7. Name and Address of New Registered Agent Name GRISALES-RACINI, OSCAR P.A. Street Address (P.O. Box Number is Not Acceptable) 2999 NE 191st Street Suite, Apt. #, etc. PH-8 City AVENTURA, FL				Zip Code 33180			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE 2/2/06			
Filing Fee is \$50.00 Due by May 1, 2006				Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE MGRM <input checked="" type="checkbox"/> Delete NAME ELIAS, PERCHIK STREET ADDRESS 1911 HARRISON ST. CITY-ST-ZIP HOLLYWOOD, FL 33020				TITLE MGR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME PERCHIK, ELIAS STREET ADDRESS 2999 NE 191st Street CITY-ST-ZIP AVENTURA, FL 33180			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				02/28/06--01016--005 **\$50.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				200066734742 02/28/06--01016--005 **\$50.00			
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				DATE 2/2/06 305/792 4911 <small>Daytime Phone #</small>			