

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90136 046 ***138.75

DOCUMENT # L03000042690 1. Entity Name DEBAN INTERNATIONAL, LLC					
Principal Place of Business 1401 BRICKELL AVE STE 320 MIAMI, FL 33131 US			Mailing Address 1401 BRICKELL AVE STE 320 MIAMI, FL 33131 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent FERNANDEZ, EDUARDO 260 CRANDON BOULEVARD #8 KEY BISCAINE, FL 33149				7. Name and Address of New Registered Agent Name Fernandez, EDUARDO Street Address (P.O. Box Number is Not Acceptable) 1401 Brickell Ave. STE 320 City MIAMI FL Zip Code 33131	
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 1/28/08			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FERNANDEZ, EDUARDO 1401 BRICKELL AVE STE 320 MIAMI, FL 33131	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FERNANDEZ, MANUEL 802 SEVILLA AVENUE CORAL GABLES, FL 33134	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FERNANDEZ, CARMEN 802 SEVILLA AVENUE CORAL GABLES, FL 33134	<input type="checkbox"/> Delete			
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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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date 4/4/08 Daytime Phone # 305-365-3673					