2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000055618

Entity Name: PROINTER INTERNATIONAL, LLC

FILED Mar 01, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

536 BILTMORE WAY 2900 GLADES CIRCLE CORAL GABLES, FL 33134 SUITE A 275

WESTON, FL 33327

Current Mailing Address: New Mailing Address:

536 BILTMORE WAY

CORAL GABLES, FL 33134

2900 GLADES CIRCLE
SUITE A 275
WESTON, FL 33327

FEI Number: 56-2425503 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CUEVAS & ORTIZ, P.A. 536 BILTMORE WAY CORAL GABLES, FL 33134

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: ESCOBAR NINO, CLAUDIA
Address: 536 BILTMORE WAY
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM () Delete
Name: ESCOBAR, JAIME
Address: 536 BILTMORE WAY

Address: 536 BILTMORE WAY
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ESCOBAR NINO, CLAUDIA

Address: 2900 GLADES CIRCLE. SUITE A 275

City-St-Zip: WESTON, FL 33327

Title: MGRM (X) Change () Addition

Name: ESCOBAR, JAIME

Address: 2900 GLADES CIRCLE. SUITE A 275

City-St-Zip: WESTON, FL 33327

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JAIME ESCOBAR MGRM 03/01/2004