

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000055618

FILED
May 25, 2005
Secretary of State

Entity Name: PRINTER INTERNATIONAL, LLC

Current Principal Place of Business:

2900 GLADES CIRCLE
SUITE A 275
WESTON, FL 33327

New Principal Place of Business:

Current Mailing Address:

2900 GLADES CIRCLE
SUITE A 275
WESTON, FL 33327

New Mailing Address:

FEI Number: 56-2425503 **FEI Number Applied For** () **FEI Number Not Applicable** () **Certificate of Status Desired** ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

SILVA'S ENTERPRISE INC
16300 NE 19 AVE
STE C
NORTH MIAMI BEACH, FL 33162 US

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: FERNANDO SILVA

05/25/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: ESCOBAR NINO, CLAUDIA
Address: 2900 GLADES CIRCLE. SUITE A 275
City-St-Zip: WESTON, FL 33327

Title: MGRM () Delete
Name: ESCOBAR, JAIME
Address: 2900 GLADES CIRCLE. SUITE A 275
City-St-Zip: WESTON, FL 33327

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CLAUDIA ESCOBAR

MGRM

05/25/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date