

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000055618

FILED
Apr 29, 2008
Secretary of State

Entity Name: PROINTER INTERNATIONAL, LLC

Current Principal Place of Business:

13743 NW 15 STREET
PEMBROKE PINES, FL 33028

New Principal Place of Business:

2421 NE 51 ST
LIGHTHOUSE POINT, FL 33064

Current Mailing Address:

13743 NW 15 STREET
PEMBROKE PINES, FL 33028

New Mailing Address:

2421 NE 51 ST
LIGHTHOUSE POINT, FL 33064

FEI Number: 56-2425503

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SILVA'S ENTERPRISE, INC.
5220 S UNIVERSITY DR
STE C-102
DAVIE, FL 33328 US

Name and Address of New Registered Agent:

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/MANAGERS:

Title: MGRM () Delete
Name: ESCOBAR NINO, CLAUDIA
Address: 13743 NW 15 STREET
City-St-Zip: PEMBROKE PINES, FL 33028

Title: MGRM () Delete
Name: ESCOBAR, JAIME
Address: 13743 NW 15 STREET
City-St-Zip: PEMBROKE PINES, FL 33028

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ESCOBAR NINO, CLAUDIA
Address: 2421 NE 51 ST
City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: MGRM (X) Change () Addition
Name: ESCOBAR, JAIME
Address: 2421 NE 51 ST
City-St-Zip: LIGHTHOUSE POINT, FL 33064

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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

04/29/2008

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