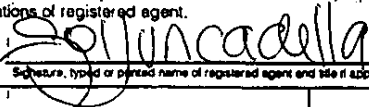


FILED
Mar 31, 2008 8:00 am
Secretary of State

02-07-2008 90087 050 ***143.75

2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L04000003855			
1. Entity Name INNOVART GRAPHIC APPLICATIONS LLC			
Principal Place of Business 3059 GRAND AVENUE SUITE 310 COCONUT GROVE, FL 33133 US		Mailing Address 3059 GRAND AVENUE SUITE 310 COCONUT GROVE, FL 33133 US	
2. Principal Place of Business - No P.O. Box # 660 Crandon Blvd Suite, Apt. #, etc. #107 City & State Key Biscayne, FL Zip 33149 Country US		3. Mailing Address 660 Crandon Blvd. Suite, Apt. #, etc. #107 City & State Key Biscayne, FL Zip 33149 Country US	
4. FEI Number 61-1465488		Applied For Not Applied	
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent SOLEDAD JUNCADILLA 3059 GRAND AVENUE SUITE 310 COCONUT GROVE, FL 33133		7. Name and Address of New Registered Agent Name Juncadella, Soledad Street Address (P.O. Box Number is Not Acceptable) (last name) 660 Crandon Blvd #107 City Key Biscayne FL Zip Code 33149	
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  Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing) 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	MGR SOLEDAD, JUNCADILLA 3059 GRAND AVENUE SUITE 310 COCONUT GROVE, FL 33133 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Juncadella, Soledad ☒ Change ☐ Add 660 Crandon Blvd #107 Key Biscayne, FL 33149
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Add

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: 