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2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # L04000019110			
1. Entity Name GPM GLOBAL PRODUCT MARKETING, LLC			
Principal Place of Business 17101 NE 19TH AVENUE, SUITE 204 NORTH MIAMI BEACH, FL 33162		Mailing Address 17101 NE 19TH AVENUE, SUITE 204 NORTH MIAMI BEACH, FL 33162	
2. Principal Place of Business 21185 MAINSAIL CIR		3. Mailing Address	
Suite, Apt. #, etc. D-13		Suite, Apt. #, etc.	
City & State AVENTURA, FL		City & State	
Zip 33180	Country USA	Zip	Country
6. Name and Address of Current Registered Agent DAVIDOVIC, ROBERT 17101 NE 19TH AVENUE, SUITE 204 NORTH MIAMI BEACH, FL 33162		7. Name and Address of New Registered Agent Name: JODI DAVIDOVIC Street Address (P.O. Box Number is Not Acceptable): 21185 MAINSAIL CIR, D-13 City: AVENTURA, FL Zip Code: 33180	
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	
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DAVIDOVIC, JODI 17101 NE 19TH AVENUE, SUITE 204 NORTH MIAMI BEACH, FL 33162 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DAVIDOVIC, JODI 21185 MAINSAIL CIR, D-13 AVENTURA, FL 33180 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DAVIDOVIC, STELLA 17101 NE 19TH AVENUE, SUITE 204 NORTH MIAMI BEACH, FL 33162 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DAVIDOVIC, STELLA 21240 HARBOR WAY #283 AVENTURA, FL 33180 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DAVIDOVIC, RONALD 17101 NE 19TH AVENUE, SUITE 204 NORTH MIAMI BEACH, FL 33162 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify 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 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: 		Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #	