


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90070 013 \*\*\*\*55.00

<b>DOCUMENT # L04000019465</b> 1. Entity Name <b>ADN INTERNATIONAL, L.L.C.</b>					
Principal Place of Business <b>6855 EDGEWATER DR NO 2-G CORAL GABLES, FL 33133</b>			Mailing Address <b>6855 EDGEWATER DR NO 2-G CORAL GABLES, FL 33133</b>		
2. Principal Place of Business <b>601 MILLER ROAD</b>		3. Mailing Address <b>601 MILLER ROAD</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>CORAL GABLES, FLORIDA</b>		City & State <b>CORAL GABLES, FLORIDA</b>		4. FEI Number <b>20-0923201</b>	
Zip <b>33146</b>		Country <b>U.S.A.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>RODRIGUEZ, ALVARO 6855 EDGEWATER DR NO 2-G CORAL GABLES, FL 33133</b>		7. Name and Address of New Registered Agent Name <b>ALVARO RODRIGUEZ</b> Street Address (P.O. Box Number is Not Acceptable) <b>601 MILLER ROAD</b> City <b>CORAL GABLES</b> FL <b>33146</b>			
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 <b>[Signature]</b> DATE <b>4/12/06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR RODRIGUEZ, ALVARO 6855 EDGEWATER DR NO 2-G CORAL GABLES, FL 33133</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR RODRIGUEZ, ALVARO 601 MILLER ROAD CORAL GABLES, FLORIDA 33146</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <b>[Signature]</b>			Date <b>4/12/06</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Daytime Phone # <b>305 663 5662</b>		