

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90053 001 ***700.00

DOCUMENT # L04000052735

1. Entity Name
KAULY INTERNATIONAL, L.L.C.



Principal Place of Business
**9737 NW 41 ST
#615
MIAMI, FL 33178 US**

Mailing Address
**9737 NW 41 ST
#615
MIAMI, FL 33178 US**

30007283



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05022006 Chg-LLC CR2E083 (11/05)

4. FEI Number

20-3622012

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CABANAS & ASSOCIATES, P.A.
10520 NW 26 ST
SUITE C 201
DORAL, FL 33172**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

DATE

**Filing Fee is \$50.00
Due by September 6, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
EL KHAOULI, SALOMON
110 WASHINGTON AVE. - #1606
MIAMI BEACH, FL 33139** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
El Khaouli, Salomon
10556 NW 26 ST. - D101
DORAL, FL 33172** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
EL KHAOULI, JOSE
110 WASHINGTON AVE. - #1606
MIAMI BEACH, FL 33139** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
El Khaouli, Jose
10556 NW 26 ST. - D101
DORAL, FL 33172** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

04/29/06 (305) 629 8191

Date

Daytime Phone #

Joseph F. Cabanas,