

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000059141

FILED
May 10, 2007
Secretary of State

Entity Name: I.M. INTERNATIONAL GROUP, LLC

Current Principal Place of Business:

18851 NE 29TH AVENUE
STE 900
AVENTURA, FL 33180

New Principal Place of Business:

Current Mailing Address:

18851 NE 29TH AVENUE
STE 900
AVENTURA, FL 33180

New Mailing Address:

FEI Number: 20-1480674 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ROTH, LEONARDO A ESQ
18851 NE 29TH AVENUE
STE 900
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

ROTH, MARK A ESQ
18851 NE 29TH AVENUE
STE 900
AVENTURA, FL 33180 US

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: MARK E ROUSSO

05/10/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: PATRICIO VALENZUELA, GAMBOA
Address: 18851 NE 29TH AVENUE, STE 900
City-St-Zip: AVENTURA, FL 33180

Title: MGR () Delete
Name: GUZMAN, NICOLAS
Address: 18851 NE 29TH AVENUE, STE 900
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: NICOLAS GUZMAN

MGR

05/10/2007

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