

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000062702

FILED  
Sep 03, 2008  
Secretary of State

**Entity Name:** PROMOTIONALS ALTERNATIVES, LLC

**Current Principal Place of Business:**

7324 NW 56TH STREET  
MIAMI, FL 33166 US

**New Principal Place of Business:**

**Current Mailing Address:**

7324 NW 56TH STREET  
MIAMI, FL 33166 US

**New Mailing Address:**

FEI Number: 20-1532522      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:**

CORTES, RUBEN  
15351 SW 35TH STREET  
DAVIE, FL 33313 US

**Name and Address of New Registered Agent:**

CORTES, GUSTAVO  
15351 SW 35TH STREET  
DAVIE, FL 33313 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: GUSTAVO CORTES

09/03/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: CORTES, GUSTAVO  
Address: 7324 NW 56TH STREET  
City-St-Zip: MIAMI, FL 33166 US

Title: MGRM ( ) Delete  
Name: GAMA, CLAUDIA  
Address: 7324 NW 56TH STREET  
City-St-Zip: MIAMI, FL 33166 US

Title: MGRM ( ) Delete  
Name: CORTES GAMA, MARIA C  
Address: 7324 NW 56TH STREET  
City-St-Zip: MIAMI, FL 33166 US

**ADDITIONS/CHANGES:**

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

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: GUSTAVO CORTES

MGRM

09/03/2008

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