

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000062702

FILED
May 21, 2009
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:

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:

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

05/21/2009

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