## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Feb 06, 2007 8:00 am **Secretary of State** DOCUMENT # L04000065681 02-06-2007 90030 027 \*\*\*\*50.00 E.G. INTERNATIONAL GROUP, LLC Principal Place of Business Mailing Address 2520 CENTER GATE DRIVE 2520 CENTER GATE DRIVE #105 #105 MIRAMAR, FL 33025 MIRAMAR, FL 33025 2. Principal Place of Business - No PO. Box # Mailing Address 8280 NW 27th Street 280 NW 27th Street Suite, Apt. #, etc. Suite, Apt. #, etc 01262007 Chg-LLC CR2E083 (12/06) Suite 505 Suite 505 Applied For City & State 4 EEI Number City & State Miami FL 33122 Miami FL 33122 20-1606996 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Juan Pablo Estrada JUAN PABLO ESTRADA Street Address (P.O. Box Number is Not Acceptable) 8280 NW 27th Street 2520 CENTER GATE DRIVE #105 MIRAMAR FL 33025 Suite 505 Miami 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 obtigations 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 May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM HILE TITLE Addition □ Delete MGRM X Change NAME JUAN PABLO ESTRADA Juan Pablo Estrada STREET ADDRESS 2520 CENTER GATE DRIVE #105 STREET ADDRESS 8280 NW 27th Street Suite 505 CITY-ST-ZIP MIRAMAR, FL 33025 CITY-ST-ZIP Miami\_FL\_33122\_ X-) Change MGRM HILL ☐ Delete DITLE Addition MGRM JP & F INVESTMENT GROUP, INC. JP & F Investment Group, Inc NAME NAME 2520 CENTER GATE DRIVE #105 STREET ADDRESS STREET ADDRESS 8280 NW 27th Street Suite 505 MIRAMAR, FL 33025 CITY-ST-ZIP CITY-ST-ZIE Miami FL 33122 TITLE ☐ Delete [ ] Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY ST-ZIP CITY-ST-ZIP HHLE Delete MILE []] Change Addition NAME MAMÉ STREET ADDRESS STREET ADDRESS CHY-SI-7IP CITY-ST-ZIP Delete Change THEF TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 11. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is trudiand 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 received or trudian empowered to execute this report as required by Chapter 608, Florida Statutes

NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE AND TYPE

FILED

Daytime Phone #