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May 04, 2006 8:00 am
Secretary of State

05-04-2006 90032 037 ****50.00

**2006 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

DOCUMENT # L04000068653 1. Filing Name POLA INTERNATIONAL, LLC			
Principal Place of Business 901 PONCE DE LEON BLVD., SUITE 603 CORAL GABLES, FL 33134		Mailing Address 901 PONCE DE LEON BLVD., SUITE 603 CORAL GABLES, FL 33134	
2. Principal Place of Business State, Apt. #, etc. City & State Zip		3. Mailing Address State, Apt. #, etc. City & State Zip	
4. Filing Name APPLIED FOR		5. Certificate of Status Desired ☐ \$5.00 Additional Cost Required	
6. Name and Address of Current Registered Agent ALBOKNOZ, WILLIAM H 901 PONCE DE LEON BLVD., SUITE 603 CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
8. This document is being filed for the purpose of changing the registered office or the registered agent, or both, of the State of Florida. I am similar with and grant the following of record:			
SIGNATURE Signature of authorized officer of the company and not a director		SIGNATURE Signature of Registered Agent	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBER/MANAGER TITLE MGR NAME CARBONARI, ALBERTO STREET ADDRESS 901 PONCE DE LEON BLVD., SUITE 603 CITY, ST, ZIP CORAL GABLES, FL 33134		10. ADDITIONAL MANAGER TITLE NAME STREET ADDRESS CITY, ST, ZIP	
11. I hereby certify that the information applied with this filing is true and accurate and that my signature shall have the same legal effect as if made under oath. I am a managing member or manager of the company.		12. I hereby certify that the information applied with this filing is true and accurate and that my signature shall have the same legal effect as if made under oath. I am a managing member or manager of the company.	
SIGNATURE: SIGNATURE AND TYPED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		4/26/06 (305) 444-1741	

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Alberto Carbonari