2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 19, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000068653

1. Entity Name
POLA INTERNATIONAL, LLC

Principal Place of Business	Mailing Address
901 PONCE DE LEON BLVD.,SUITE 603 CORAL GABLES, FL 33134	901 PONCE DE LEON BLVD.,SUITE 603 CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE

01142008 No Chg LLC CR2C003 (12/07)

4. FEI Number
80-0128774

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

ALBORNOZ, WILLIAM H
901 PONCE DE LEON BLVD.,SUITE 603
CORAL GABLES, FL 33134

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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 obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

000000831530
02/27/09-80024-005 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	CARBONARI, ALBERTO
STREET ADDRESS	901 PONCE DE LEON BLVD., SUITE 603
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and 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 receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE: Alberto Carbonari 2/13/08 305-444-1741
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #