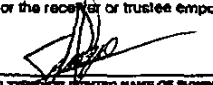


2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAY -1 AM 9:37

DOCUMENT # L04000069540			
1. Entity Name PROMOFIN, LLC			
Principal Place of Business 11481 INTERCHANGE CIRCLE SOUTH MIRAMAR, FL 33025		Mailing Address 11481 INTERCHANGE CIRCLE SOUTH MIRAMAR, FL 33025	
2. Principal Place of Business 11371 INTERCHANGE CIRCLE SOUTH		3. Mailing Address 11371 INTERCHANGE CIRCLE SOUTH	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIRAMAR FLORIDA		City & State MIRAMAR FLORIDA	
Zip 33025	Country USA	Zip 33025	Country USA
4. FCI Number 20-1680857		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			
DONDISCH, SERGIO 11481 INTERCHANGE CIRCLE SOUTH MIRAMAR, FL 33025		7. Name and Address of New Registered Agent	
		Name DONDISCH, SERGIO	
		Street Address (P.O. Box Number is Not Acceptable) 11371 INTERCHANGE CIRCLE SOUTH	
		City MIRAMAR	
		FL Zip Code 33025	
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 reinstated.) DATE			
Amended AR is \$50.00		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DONDISCH, SERGIO 11481 INTERCHANGE CIRCLE SOUTH MIRAMAR, FL 33025	☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	
10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DONDISCH, SERGIO 11371 INTERCHANGE CIRCLE SOUTH MIRAMAR, FL 33025	☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 19, 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 608, Florida Statutes.			
SIGNATURE: 		5/1/06 786-5532056	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	