2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAY -1 AM 9:37

DOCUMENT # L04000069540

1. Entity Name
PROMOFIN, LLC

Principal Place of Business	Mailing Address
11481 INTERCHANGE CIRCLE SOUTH MIRAMAR, FL 33025	11481 INTERCHANGE CIRCLE SOUTH MIRAMAR, FL 33025

05012008 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
11481 INTERCHANGE CIRCLE SOUTH Suite, Apt. #, etc.	11481 INTERCHANGE CIRCLE SOUTH Suite, Apt. #, etc.
City & State: MIRAMAR FLORIDA	City & State: MIRAMAR FLORIDA
Zip: 33025 Country: USA	Zip: 33025 Country: USA

4. FEI Number: 20-0680857 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DONDISCH, SERGIO 11481 INTERCHANGE CIRCLE SOUTH MIRAMAR, FL 33025	Name: DONDISCH, SERGIO Street Address (P.O. Box Number is Not Acceptable): 11481 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 X _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Amended AR is $50.00 | **Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
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	MGRM DONDISCH, SERGIO 11481 INTERCHANGE CIRCLE SOUTH MIRAMAR, FL 33025	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	000075294830 04/25/06--01025--004 **50.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	700075294837 05/26/06--01003--004 **50.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	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 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 608, Florida Statutes.

SIGNATURE: X _____ 5/1/06 786-5532056
SIGNATURE AND TYPED OR PRINTED NAME OF FLORIDA MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #