

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90010 042 ****50.00

DOCUMENT # L04000086905

1. Entity Name

POP INTERNATIONAL COMMUNICATIONS LLC



Principal Place of Business

14411 COMMERCE WAY #420
MIAMI FL 33327

Mailing Address

14411 COMMERCE WAY #420
MIAMI FL 33327



2. Principal Place of Business

2900 GLADES Circle
Suite, Apt. #, etc.
STE. 400

3. Mailing Address

2900 GLADES Circle
Suite, Apt. #, etc.
STE. 400

City & State

WESTON

City & State

WESTON

Zip

FL

Country

USA

Zip

33327

Country

4. FEI Number

20-2262946

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

1st MOORE

CR2E083 (10/04)

6. Name and Address of Current Registered Agent

PALMERO, JORGE
14411 COMMERCE WAY
MIAMI FL 33016

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME PALMERO, JORGE
STREET ADDRESS 14411 COMMERCE WAY 420
CITY-ST-ZIP MIAMI FL 33016

TITLE MGRM ☐ Delete
NAME PALMERO, MARIELA
STREET ADDRESS 14411 COMMERCE WAY 420
CITY-ST-ZIP MIAMI FL 33016

TITLE MGRM ☒ Delete
NAME RAMOS, JORGE
STREET ADDRESS 14411 COMMERCE WAY 420
CITY-ST-ZIP MIAMI FL 33016

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #