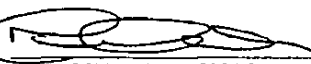


9/5/2006-90051-034-\$50.00-\$50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP 14 AM 10:50

DOCUMENT # L05000004371					
1. Entity Name G SQUARED INTERNATIONAL, LLC					
Principal Place of Business 5680 NW 106TH COURT DORAL, FL 33178			Mailing Address 10460 NW 48TH STREET DORAL, FL 33178		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
4. FEI Number 54-2165482					
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		
FERR, M. GABRIELLA 10460 NW 48TH STREET CORAL, FL 33178			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 _____ DATE _____ Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reissuing)					
Filing Fee is \$50.00 Due by September 6, 2006					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	GISSELLE DEVELASCO-DEMERCADO		NAME		
STREET ADDRESS	5680 NW 106TH COURT		STREET ADDRESS		
CITY - ST - ZIP	DORAL, FL 33178		CITY - ST - ZIP		
TITLE	MGRM	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	DEMERCADO, DAVID P		NAME		
STREET ADDRESS	5680 NW 106TH COURT		STREET ADDRESS		
CITY - ST - ZIP	DORAL, FL 33178		CITY - ST - ZIP		
TITLE	MGRM	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	FERR, M. GABRIELLA		NAME		
STREET ADDRESS	10460 NW 48TH STREET		STREET ADDRESS		
CITY - ST - ZIP	DORAL, FL 33178		CITY - ST - ZIP		
TITLE	MGRM	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	FERR, PAUL G		NAME		
STREET ADDRESS	10460 NW 48TH STREET		STREET ADDRESS		
CITY - ST - ZIP	DORAL, FL 33178		CITY - ST - ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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: 			M. Gabriella Ferr 9/1/06 3056072752		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING-MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date: _____ Dorsale Phone # _____		