2007 LIMITED LIABILITY COMPANY

May 22, 2007 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # L05000004371 05-22-2007 90180 011 ****50.00 1. Entity Name G SQUARED INTERNATIONAL, LLC Principal Place of Business Mailing Address 40117932 10460 NW 48TH STREET 5680 NW 106TH COURT DORAL, FL 33178 DORAL, FL 33178 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05072007 Cha-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 54-2165482 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FERR, M. GABRIELLA 10460 NW 48TH STREET CORAL, FL 33178 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. Lam familiar with, and accept the obligations of registered agent Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Make check payable to Due by September 14, 2007 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TITLE TITLE ☐ Change ■ Addition M Delete GISSELLE DEVELASCO-DEMERCADO NAME NAME 5680 NW 106TH COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DORAL, FL 33178 CITY-ST-ZIP MGRM TITLE ☐ Delete TITLE ☐ Change ■ Addition DEMERCADO, DAVID P NAME NAME STREET ADDRESS 5680 NW 106TH COURT STREET ADDRESS DORAL, FL 33178 CITY-ST-ZIP City-St-ZP TITLE MGRM ☐ Defete Addition NAME FERR, M. GABRIELLA NAME STREET ADDRESS 10460 NW 48TH STREET STREET ADDRESS CHY-S1-ZIP **DORAL, FL 33178** CITY-ST-ZIP TITLE MGRM ☐ Delete TITLE Channe ■ Addition FERR, PAUL G NAME NAME STREET ADDRESS 10460 NW 48TH STREET STREET ADDRESS CITY-ST-ZIP DORAL, FL 33178 CITY-ST-7IP TITLE ■ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$1-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.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

Delete

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

Change

■ Addition

5/7/07 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Dayume Phone #