

2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP 11 AM 10:42

DOCUMENT # L05000009068 1. Entity Name PROFESSIONAL DRAFTING, LLC					
Principal Place of Business 7105 S.W. 8 ST., SUITE #307 MIAMI, FL 33144			Mailing Address 7105 S.W. 8 ST., SUITE #307 MIAMI, FL 33144		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
4. FEI Number 43-2073113				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DAUSA, LIONEL JR. 7105 S.W. 8 ST., STE. #307 MIAMI, FL 33144			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)					
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	MGR FERNANDEZ, ERNESTO 7105 S.W. 8 ST., SUITE # 307 MIAMI, FL 33144		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DAUSA, Lionel, Jr. 7105 SW 8 ST, STE. #307 MIAMI - FL 33144	
	☒ Delete			☐ Change ☒ Addition	
	☐ Delete			☐ Change ☒ Addition	
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	☐ Delete			☐ 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: <i>Lionel Dausa</i>			9-6-06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		