2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Feb 08, 2006 8:00 am Secretary of State DOCUMENT # L05000044338 02-08-2006 90088 015 ****50.00 LUXO INTERNATIONAL LLC Principal Place of Business Mailing Address **~~~~~~**000000 11410 NW 67 TERRACE 11410 NW 67 TERRACE DORAL, FL 33178 DORAL, FL 33178 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02032006 Chg-LLC CR2E083 (11/05) 4. FEI Number 20 - 2808810 City & State City & State Applied For Not Applicable Zin Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name POSADA, MARCO Street Address (P.O. Box Number is Not Acceptable) 11410 NW 67 TERRACE DORAL, FL 33178 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM TITLE ☐ De!ete TITLE ☐ Change ☐ Addition NAZZARO, TONY NAME NAME STREET ADDRESS 8101 SW 119 CT STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33183 CITY-ST-ZIP TITLE MGRM ☐ Delete TITLE ☐ Change ☐ Addition NAME POSADA, MARCO 11410 NW 67 TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DORAL, FL 33178 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME MARQUEZ, ADRIANA NAME 11410 NW 67 TERRACE STREET ADDRESS 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-7IP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-77P 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 receive for trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

BIGNATURE AND TYPED OR PRINTED NAME OF BIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED