

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000074216

Entity Name: V2 INTERNATIONAL LLC

FILED
May 05, 2008
Secretary of State

Current Principal Place of Business:

6538 COLLINS AVENUE
#394
MIAMI BEACH, FL 33141

New Principal Place of Business:

Current Mailing Address:

6538 COLLINS AVENUE
#394
MIAMI BEACH, FL 33141

New Mailing Address:

FEI Number: 20-5125022 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SINGER, GARY PA
490 SAWGRASS CORPORATE PARKWAY, STE 330
SUNRISE, FL 33325 US

Name and Address of New Registered Agent:

SILVA, SONIA
6538 COLLINS
394
MIAMI BEACH, FL 33141 US

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.

SIGNATURE: SONIA C SILVA

05/05/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: VAZQUEZ, SONIA
Address: 6538 COLLINS AVE., #394
City-St-Zip: MIAMI BEACH, FL 33141

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MM (X) Change () Addition
Name: VAZQUEZ, SONIA PRE
Address: 6538 COLLINS AVE., #394
City-St-Zip: MIAMI BEACH, FL 33141

Title: MGR () Change (X) Addition
Name: BLINDERMAN, ANYSHIA MGR
Address: 9330 NE 12 AVE
City-St-Zip: MIAMI SHORE, FL 33138

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SONIA C SILVA

PRE

05/05/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date