2007 LIMITED LIABILITY COMPANY

FILED Apr 05, 2007 8:00 am Secretary of State

	AIIIIOAL	REPORT			SCCICIA	ny or S	iaic
1. Entity Nam	MENT # L05000079 BROUP INTERNATIONAL,			04-05-2007	90025 046 ****.	50.00	
Principal Plac		Mailing Address	·				
17048 NW 1 PEMBROKE F	PINES, FL 33028 US	17048 NW 12TH STREI PEMBROKE PINES, FL		\\ \\ \ \ \	II Bair i Biik Baii B r iii Pa i	M 88111 18919 18168 11118 18181	III(SZI III) INGI
2. Principal Place of Business - No P.O. 8ox #		3. Mailing Address				Company of the control of the contro	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02172007	Chg-LLC	CR2E083 (12/06)
City & State		City & State		4. FEI Numb 20-436			Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate	of Status Desired	□ \$5.00 A Fee Requi	
	6. Name and Address of Current	Registered Agent		7. Name an	d Address of New R	egistered Agent	•
OLIVA, MARIANO			Name		·		
	12TH STREET KE PINES, FL: 33028		Street Addre	ess (P.O. Box Numb	er is Not Acceptable	9)	
The above named entity submits this statement for the purpose of changing its regis			City			FL Zip Co	
the obligat	named entity submits this statement to ions of registered agent.	r the purpose of changing its	registered office or reg	gistered agent, or be	oth, in the State of Flo	orida. I am familiar witl	n, and accept
SIGNATURE .	Signature, typed or printed name of registered agent in	and tatle if applicable. (NOTE	: Registered Agent signature re	quired when reinstating)		DATE	 -
Filing Fee is \$50.00 Due by May 1, 2007				·		e check payable to	ite
9							
	MANAGING MEMBE	RS/MANAGERS	10.		ADDITIONS /		
	MANAGING MEMBE	· · ·	10.		ADDITIONS/	CHANGES	
TITLE :	MGRM	RS/MANAGERS Delete	TITLE		ADDITIONS/		
	MGRM OLIVA, MARIANO	· · ·	TITLE NAME		ADDITIONS/	CHANGES	
TITLE .	MGRM	· · ·	TITLE		ADDITIONS/	CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MGRM OLIVA, MARIANO 17048 NW TH STREET PEMBROKE PINES, FL 33028 MGRM	· · ·	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		ADDITIONS /	CHANGES	☐ Addition
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11. Thereby certify that the information supplied with this filling 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 occursive empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #