2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006
Secretary of State

DOCUMENT# L05000081164

Entity Name: KATRINE INTERNATIONAL LLC

Current Principal Place of Business:

2530 PONCE DE LEON BLVD
CORAL GABLES, FL 33134 US

New Principal Place of Business:

Current Mailing Address:

2742 BISCAYNE BLVD
MIAMI, FL 33137 US

New Mailing Address:

2530 PONCE DE LEON BLVD.
CORAL GABLES, FL 33134 US

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **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:

GUTIERREZ, A. GEORGE
2600 DOUGLAS ROAD, SUITE 600
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: SALVATORE, CARLOS
Address: 5600 COLLINS AVENUE APT 6N
City-St-Zip: MIAMI BEACH, FL 33140 US

Title: MGRM ( ) Delete
Name: VALLES, SILVIA S
Address: 5600 COLLINS AVENUE APT 6N
City-St-Zip: MIAMI BEACH, FL 33140 US

Title: MGR ( ) Delete
Name: NOWOSAD, PATRICIA
Address: 2530 PONCE DE LEON BLVD
City-St-Zip: CORAL GABLES, FL 33134 US

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change ( ) Addition
Name: VALLE, SILVIA S
Address: 5600 COLLINS AVENUE APT 6N
City-St-Zip: MIAMI BEACH, FL 33140 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: PATRICIA NOWOSAD MGR 05/01/2006

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