2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2009
Secretary of State

DOCUMENT# L05000112769

Entity Name: ADMS INTERNATIONAL LLC

Current Principal Place of Business:

15841 PINES BLVD
BOX 245
PEMBROKE PINES, FL 33027

New Principal Place of Business:

Current Mailing Address:

1804 NW 141 AVE
PEMBROKE PINES, FL 33028

New Mailing Address:

FEI Number: 20-4762603 **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:

PISO, MARCELLO D
1804 NW 141 AVE
PEMBROKE PINES, FL 33028 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: MGR ( ) Delete
Name: DIAZ, ANGEL
Address: 15841 PINES BLVD
City-St-Zip: PEMBROKE PINES, FL 33027

Title: MGR ( ) Delete
Name: MURTHA, SEAN
Address: 15841 PINES BLVD
City-St-Zip: PEMBROKE PINES, FL 33027

Title: S ( ) Delete
Name: WONG, DANNY Y
Address: 15841 PINES BLVD
City-St-Zip: PEMBROKE PINES, FL 33027

Title: MGR ( ) Delete
Name: PISO, MACCELLO
Address: 15841 PINES BLVD
City-St-Zip: PEMBROKE PINES, FL 33027

ADDITIONS/CHANGES:

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

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

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

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

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: MARCELLO PISO MGR 05/02/2009

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