2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 31, 2007
Secretary of State

DOCUMENT# L06000014874

Entity Name: INTERPRO LLC

Current Principal Place of Business:

3900 NW 79TH AVE STE 599
MIAMI, FL 33166

New Principal Place of Business:

3508 NW 114TH AVE- STE 201
DORAL, FL 33178

Current Mailing Address:

3900 NW 79TH AVE STE 599
MIAMI, FL 33166

New Mailing Address:

3508 NW 114TH AVE -STE 201
DORAL, FL 33178

FEI Number: 20-4263049 **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:

GONELL, JOSE A JR
10710 LONDON STREET
COOPER CITY, FL 33026 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: RIVERA, OTTO G
Address: 3900 NW 79TH AVE STE 599
City-St-Zip: MIAMI, FL 33166

Title: MGR ( ) Delete
Name: GONELL, JOSE A JR
Address: 10710 LONDON ST
City-St-Zip: COOPER CITY, FL 33026

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: RIVERA, OTTO G
Address: 3508 NW 114TH AVE- STE 201
City-St-Zip: DORAL, FL 33178

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: JOSE A GONELL MGR 07/31/2007

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