2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 15, 2008 8:00 am Secretary of State

DOCUMENT # L06000076881 1. Entity Name OMNI INTERNATIONAL ENTERPRISES DEVELOPMENT, LLC. Principal Place of Business Mailing Agdress							04-15-2008 \$	00108 03	5 ***138	3.75
80 SW 8TH ST SUITE 42 MIAMI, FL 33130 US		Mailing Address 80 SW 8TH ST SUITE 42 MIAMI, FL 33130 US			1	TOKUR OLUK GÖLÜ ÉĞÜK ÖĞÜĞ	50003290 <u>.</u>			
	tace of Business - No P.O. Box #	3. Mailing Address 80, SW 8TH Struct Suite, Apt. #, etc.			t					
#2	042	# 2042				03312008	Chg-LLC	CR2E08	3 (12/06)	
City & State MIAMI - FU		City & State MiAMi - F			4. FEI Number 20-5328596			Applied For Not Applicable		
3313			Count	y USA	4		of Status Desired	\$5.00 Additional		
	6. Name and Address of Current F	<u> </u>			_ <u>'</u>	7. Name and Address of New Registered Agent				
CESAR, N	FIJ7A			Name				•		
7570 NW 14TH ST					Street Address (P.O. Box Number is Not Acceptable)					
SUITE 112 MIAMI, FL 33126							•			
4				City				FL	Zip Code	,
8. 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. I am familiar with, and accept the obligations of registered agent.										
SIGNATURE Signature. Note: Registered Agent signature required when reinstating) DATE										
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75										
9. "	MANAGING MEMBER		10.		M 04		ADDITIONS/0			
TITLE NAME	RIBEIRO PINTO, LUIS F	☐ Delete	TITLE NAME		MGR Ri BE	TRO PIN	ITO, Luiz	FCO	Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	1155 BRICKELL BAY RD SUITE MAMI, FL 33181	1508		T ADDRESS \$T - ZIP	.218. Mi A	SE 149 Mi - F	H # TS10 L - 33131	5		
TITLE NAME	MGRS RIZATO, RIQUETTI A	☐ Delete	TITLE NAME		MGF	RS New Mic	11.5 th . 0/		Change	Addition
STREET ADDRESS	1155 BRICKELL BAY OR SUITE	1508	STREE	T ADDRESS	218.	SE 14 S	VETT AL	7		
CITY-ST-ZIP	MIAMI, FL 33181	Delete	CITY-:	ST-ZIP	MIA	MI - FL	<u> - 33131</u>		☐ Change	Addition
NAME STREET ADDRESS		Doloit	NAME						cugc	
STREET ADDRESS CITY-ST-ZIP			STREE	T ADORESS ST-ZIP						
TITLE		☐ Delete	TITLE						Change	Addition
NAME STREET ADDRESS			NAME STREE	T ADDRESS						
CITY-ST-ZIP			CITY-S						_	
TITLE NAME .		☐ Delete	TITLE NAME						Change	☐ Addition
STREET ADDRESS	armanas ivi	•		ADDRESS		• .		•		
CITY-ST-ZIP			City-S	ST-ZIP					. , <u>.</u>	· . ·
NAME		☐ Delete	TITLE NAME			:	* :		☐ Change	☐ Addition
STREET ADDRESS CITY-ST-2IP		* **		ADDRESS				* ***	المستحددة دور سود	- · ·
11. I hereby o	Pertify that the information supplied with	this filing does not qualify for the	CITY-S	ntione co	ntained in	Chapter 119 F	lorida Statutes I furl	her certify t	hat the infer	mation
11. I hereby certify that the information supplied with this filing 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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.										

G MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE