2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 04, 2008
Secretary of State

DOCUMENT# L06000090929

Entity Name: PROTERMEX LLC

Current Principal Place of Business:

6356 NW 82 AVE.
MIAMI, FL 33166

New Principal Place of Business:

Current Mailing Address:

6356 NW 82 AVE.
MIAMI, FL 33166

New Mailing Address:

FEI Number: 45-0543849 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DESMOINEAUX, NATHALIA
3136 PRAIRIE AVENUE
MIAMI BEACH, FL 33140 US

Name and Address of New Registered Agent:

DESMOINEAUX, FREDY
27 STAR ISLAND DRV
MIAMI BEACH, FL 33139 US

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: FREDY DESMOINEAUX 03/04/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: DESMOINEAUX, NATHALIA
Address: 3136 PRAIRIE AVENUE
City-St-Zip: MIAMI BEACH, FL 33140

Title: MGR ( ) Delete
Name: DESMOINEAUX, FREDY F 33140
Address: 3136 PRAIRIE AVENUE
City-St-Zip: MIAMI BEACH, FL 33140

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: DESMOINEAUX, FREDY F 33139
Address: 27 STAR ISLAND DRV
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGRM (X) Change ( ) Addition
Name: DESMOINEAUX, NATHALIA F 33166
Address: 6356 NW 82ND AVE
City-St-Zip: MIAMI, FL 33166

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: FREDY DESMOINEAUX MGR 03/04/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date