

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90356 020 ****50.00

DOCUMENT # L06000097048					
1. Entity Name JA INTERNATIONAL INVESTMENTS, LLC					
Principal Place of Business C/O ANDRES ELOY GARCIA ARZOLA 10362 CANOE BROOKS BOCA RATON, FL 33498			Mailing Address C/O MARC H. AUERBACH, ESQ. 201 S. BISCAYNE BLVD., SUITE #2000 MIAMI, FL 33131		
2. Principal Place of Business - No P.O. Box # 10829 SW 72ND ST			3. Mailing Address 10829 SW 72ND ST		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Miami FL			City & State Miami FL		
Zip 33173		Country USA		4. FEI Number 20-5664841	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent AUERBACH, MARC-H ESQ. 201 S. BISCAYNE BLVD., SUITE #2000 MIAMI, FL 33131			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
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 _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GARCIA ARZOLA, ANDRES E 10362 CANOE BROOKS BOCA RATON, FL 33498		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Manager Jhonny Mercado 10362 Canoe Brooks Boca Raton, FL 33498	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Manager Victor Fung 10362 Canoe Brooks Boca Raton, FL 33498	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition	
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 606, Florida Statutes.					
SIGNATURE _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date Daytime Phone #					