FILED Apr 30, 2008 08:00 AM Secretary of State

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

	ANNUAL	REPORT			
DOCUMENT # L06000116753 1. Entity Name ALMAC INTERNATIONAL, LLC					
Principal Place of Business 901 PONCE DE LEON BOULEVARD, SUITE 603 CORAL GABLES, FL 33134 Mailing Address 901 PONCE DE LEON BOULEV CORAL GABLES, FL 33134			ARD, SUITE 603	E CORTORN BEN BENTO DINI CORN BENTO BOTIN	ANTO 1912 (19) HAND DISP AIDE OI DE
D	O NOT WRITE	IN THIS SPA	CE	03102008 No Chg-LLC 4. FEI Number 20-8620755 5. Certificate of Status Desired	CR2E083 (12/07) Applied For Not Applicable \$5.00 Additional
	6 Name and Address of Command I	Santatanad Amant			Fee Required
6. Name and Address of Current Registered Agent ALBORNOZ, WILLIAM H 901 PONCE DE LEON BOULEVARD, SUITE 603 CORAL GABLES, FL 33134				DO NOT WE	
the obligat	named entity submits this statement for ions of registered agent. Signature, typed or printed name of registered agent at 1. NOWILL FEE IS \$138.75 / 1, 2008 Fee will be \$538.75		od office or register d Agent signature required	when reinstating)	da. 1 am familiar with, and accept 0077936729 08-80022-005 138, 7
9.	MANAGING MEMBER	RS/MANAGERS	 		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CRUZ, ALFREDO				
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			DO NOT WRITE IN THIS SPACE		
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE					

11. I hereby certify that the information supplied with this filling 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 eath; that I am a managing member or manager of the limited liability company of the receiver or sustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

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4/17/05

305-444-1741