

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Feb 19, 2007 8:00 am
Secretary of State

01-29-2007 90143 044 ****55.00

DOCUMENT # L06000118173			
1. Entity Name TREGLAV INTERNATIONAL GROUP, LLC			
Principal Place of Business 1250 EAST HALLANDALE BEACH BLVD., #907 HALLANDALE, FL 33009		Mailing Address 1250 EAST HALLANDALE BEACH BLVD., #907 HALLANDALE, FL 33009	
2. Principal Place of Business - No P.O. Box # 1250 E. Hallandale Bk		3. Mailing Address 1250 E. Hallandale Bk	
Suite, Apt., etc. Suite # 907		Suite, Apt., etc. Suite # 907	
City & State Hallandale, FL		City & State Hallandale, FL	
Zip 33009		Country USA	
4. FEI Number 41-2224045		Applied For Not Applicable	
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent PRIVIS, VALERIY 1250 EAST HALLANDALE BEACH BLVD., #907 HALLANDALE, FL 33009		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 removing)			
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 PRIVIS, VALERIY 1250 EAST HALLANDALE BEACH BLVD., #907 HALLANDALE, FL 33009 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	managing member Ruslan Zabroda #311 Prospect Mira Krivoy Rog, Dnepropetrovskaya Ukraine, 50074 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PRIVIS, ALLA 1250 EAST HALLANDALE BEACH BLVD., #907 HALLANDALE, FL 33009 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	managing member Yuriy Baranov #50490 Prospect Mira Krivoy Rog, Dnepropetrovskaya Ukraine, 50069 ☐ 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 608, Florida Statutes.			
SIGNATURE: <u>V. Privis</u>		January 27, 2007	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		DATE	