


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Mar 24, 2008 8:00 am
Secretary of State

02-29-2008 90101 036 ***138.75

DOCUMENT # L07000009754			
1. Entity Name HDA INTERNATIONAL MANAGEMENT, LLC			
Principal Place of Business 5301 N FEDERAL HWY STE 210 BOCA RATON, FL 33487		Mailing Address 5301 N FEDERAL HWY STE 210 BOCA RATON, FL 33487	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 650933915		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		55.00 Additional Fee Required	
6. Name and Address of Current Registered Agent KRONAWITTER, CECILIA 5301 N FEDERAL HWY STE 210 BOCA RATON, FL 33487		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		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 _____ DATE _____			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRONAWITTER, CECILIA	NAME	
STREET ADDRESS	5301 N FEDERAL HWY STE 210	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33487	CITY-ST-ZIP	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ-RUESGA, ROBERTO MD	NAME	
STREET ADDRESS	245 VERNON DRIVE	STREET ADDRESS	
CITY-ST-ZIP	ROCKWALL, TX 75087	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: <i>Cecilia Kronawitter</i>		Date: <i>2/27/08</i> (561) 330-3381	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	