2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000069322

Entity Name: INTERNATIONAL L.V.S, LLC.

FILED Mar 26, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

11029 SW 88 ST STE P 203 5551 NW 112 AVE. MIAMI, FL 33176 106

MIAMI, FL 33178

Current Mailing Address: New Mailing Address:

11029 SW 88 ST STE P 203 5551 NW 112 AVE. MIAMI, FL 33176 106

MIAMI, FL 33178

ADDITIONS/CHANGES:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CALLE, MARIA V CALLE, MARIA V 11029 SW 88 ST STE P 203 5551 NW 112 AVE. 106

MIAMI, FL 33176 MIAMI, FL 33178 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: 03/26/2008

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete

(X) Change () Addition CALLE, MARIA V CALLE, MARIA V Name: Name: 11029 SW 88 ST STE P 203 Address: 5551 NW 112 AVE. APT/ 106 Address:

City-St-Zip: MIAMI, FL 33176 City-St-Zip: MIAMI, FL 33178

Title: MGR Title: MGR (X) Change () Addition () Delete

SILVA, LUIS A Name: SILVA, LUIS A Name:

Address: 11029 SW 88 ST STE P 203 Address: 5551 NW 112 AVE. APT. 106 City-St-Zip:

MIAMI, FL 33176 City-St-Zip: MIAMI, FL 33178

Title: MGR () Delete Title: MGR (X) Change () Addition GALVIS, FANY C GALVIS, FANY C Name: Name:

11029 SW 88 ST STE P 203 5551 NW 112 AVE. APT. 106 Address: Address:

City-St-Zip: MIAMI, FL 33176 City-St-Zip: MIAMI, FL 33178

(X) Change () Addition Title: MGR () Delete Title: MGR

Name: SILVA, CARLOS E Name: SILVA, CARLOS E

Address: 11029 SW 88 ST STE P 203 Address: 5551 NW 112 AVE. APT. 106

City-St-Zip: MIAMI, FL 33176 City-St-Zip: MIAMI, FL 33178

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: MARIA VICTORIA CALLE 03/26/2008