FILED Apr 28, 2008 8:00 am Secretary of State 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT # L07000103485 04-28-2008 90063 021 ***138.75 1. Entity Name TRAFFIC IMPORT, LLC Principal Place of Business Mailing Address 8724 VIA REALE 8724 VIA REALE BOCA RATON, FL 33496 BOCA RATON, FL 33496 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04022008 Chg-LLC CR2E083 (12/06) Applied For City & State City & State 4. FEI Number Not Applicable Zip Country Country Zip \$5.00 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ASSENZA, ANTONIO Street Address (P.O. Box Number is Not Acceptable) 8724 VIA REALE BOCA RATON, FL 33496 City Zip Code FL 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 Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGRM TITLE Change Addition TITLE Delete ASSENZA, ANTONIO NAME NAME STREET ADDRESS 8724 VIA REALE STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33496 CITY-ST-ZIP THLE Delete TITLE 🗌 Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Delete Change THTLE . . NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Addition TITLE TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Delcte Change Addition TITLE **HILF** NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-7P Change Addition TITLE Delete TITLE 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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE

SENZA SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE L. SIGNATURE AND PYPED OR PRINTED NAME OF