

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000103855

Entity Name: HRG INTERNATIONAL LLC

FILED
Feb 23, 2008
Secretary of State

Current Principal Place of Business:

13340 S.W. 91 TERRACE, #G
MIAMI, FL 33186

New Principal Place of Business:

Current Mailing Address:

13340 S.W. 91 TERRACE, #G
MIAMI, FL 33186

New Mailing Address:

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

Name and Address of Current Registered Agent:

ROMERO, JOSE J
13340 S.W. 91 TERRACE, #G
MIAMI, FL 33186 US

Name and Address of New Registered Agent:

ROMERO JOSE J
13340 S.W. 91 TERRACE, #G
MIAMI, FL 33186 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: ROMERO JOSE J

02/23/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ROMERO, JOSE J
Address: 13340 S.W. 91 TERRACE, #G
City-St-Zip: MIAMI, FL 33186

Title: MGR () Delete
Name: ROMERO, MARINA H
Address: 13340 S.W. 91 TERRACE, #G
City-St-Zip: MIAMI, FL 33186

Title: MGR () Delete
Name: ROMERO, LUIS H
Address: 13340 S.W. 91 TERRACE, #G
City-St-Zip: MIAMI, FL 33186

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ROMERO JOSE J

MGMR

02/23/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date