

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 11, 2008 8:00 am**  
**Secretary of State**

02-11-2008 90135 040 \*\*\*143.75

|                                      |                                                                                   |
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| <b>DOCUMENT #</b> L07000107580       |  |
| <b>1. Entity Name</b><br>PROMEX, LLC |                                                                                   |

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| <b>Principal Place of Business</b><br>1401 EAST 11 AVENUE<br>HIALEAH, FL 33012 US | <b>Mailing Address</b><br>1401 EAST 11 AVENUE<br>HIALEAH, FL 33012 US |
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| <b>2. Principal Place of Business - No P.O. Box #</b><br>16311 NW 52 Ave<br>Suite, Apt. #, etc. | <b>3. Mailing Address</b><br>16311 NW 52 Ave<br>Suite, Apt. #, etc.<br>MIAMI, FL. |
| <b>City &amp; State</b><br>MIAMI, FL.                                                           | <b>City &amp; State</b><br>MIAMI, FL.                                             |
| <b>Zip</b><br>33014                                                                             | <b>Country</b><br>DADE                                                            |
| <b>Zip</b><br>33014                                                                             | <b>Country</b><br>DADE                                                            |

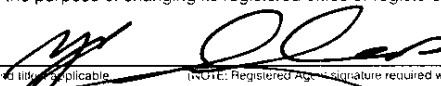
02062008 Chg-LLC CR2E083 (12/06)

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| <b>4. FEI Number</b><br>26-1297605 | <b>Applied For</b><br>Not Applicable |
|------------------------------------|--------------------------------------|

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| <b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b> |
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| <b>6. Name and Address of Current Registered Agent</b><br>EUSTAQUIO, YOLANDA<br>1987 CORPORATED SQUARE DR.<br>LONGWOOD, FL 32750 |
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| <b>7. Name and Address of New Registered Agent</b><br>Name: EUSTAQIO Yolanda<br>Street Address (P.O. Box Number is Not Acceptable):<br>16311 NW 52 Ave<br>City: MIAMI FL Zip Code: 33014 |
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| <b>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.</b><br>SIGNATURE: SAME  DATE: 2/5/08 |
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| <b>FILE NOW!!! FEE IS \$138.75</b><br><b>After May 1, 2008 Fee will be \$538.75</b> | <b>Make check payable to</b><br><b>Florida Department of State</b> |
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| 9. MANAGING MEMBERS/MANAGERS                   |                                                                                                                          | 10. ADDITIONS/CHANGES                          |                                                                                                                                              |
|------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>EUSTAQUIO, YOLANDA<br>1987 CORPORATED SQUARE DR.<br>LONGWOOD, FL 32750 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>EUSTAQUIO Yolanda<br>16311 NW 52 Ave<br>MIAMI, FL. 33014 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>AVILA, PRISCILLA<br>1987 CORPORATED SQUARE DR.<br>LONGWOOD, FL 32750 <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>Avila Priscilla<br>16311 NW 52 Ave<br>MIAMI, FL. 33014 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>AVILA, ALEXANDER<br>1987 CORPORATED SQUARE DR.<br>LONGWOOD, FL 32750 <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>Avila alexander<br>16311 NW 52 Ave<br>MIAMI, FL. 33014 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                            |

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| <b>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.</b> |                                                            |
| <b>SIGNATURE:</b>                                                                                                                                                                                                                                                                                                                                                                                                            | <b>Date:</b> 2/5/08 <b>Daytime Phone #:</b> (305) 884-3033 |