

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000074966

FILED
Apr 24, 2009
Secretary of State

Entity Name: AMI JAMES TRUE INK, LLC

Current Principal Place of Business:

1344 WASHINGTON AVENUE
MIAMI BEACH, FL 33139

New Principal Place of Business:

1360 WASHINGTON AVENUE
MIAMI BEACH, FL 33139

Current Mailing Address:

1344 WASHINGTON AVENUE
MIAMI BEACH, FL 33139

New Mailing Address:

1360 WASHINGTON AVENUE
MIAMI BEACH, FL 33139

FEI Number: 26-3199257

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TORRES, OSVALDO F ESQ
2525 PONCE DE LEON BOULEVARD, SUITE 400
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: JAMES, AMI
Address: 1344 WASHINGTON AVENUE
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGR () Delete
Name: ARAD, EYAL
Address: 1344 WASHINGTON AVENUE
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: JAMES, AMI
Address: 1360 WASHINGTON AVENUE
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGR (X) Change () Addition
Name: ARAD, EYAL
Address: 1360 WASHINGTON AVENUE
City-St-Zip: MIAMI BEACH, FL 33139

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: AMI JAMES

MGR

04/24/2009

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