2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
May 04, 2009
Secretary of State

DOCUMENT# L08000075654

Entity Name: VIBRONICS, LLC

Current Principal Place of Business:

111 N.E. 1ST STREET
3RD FLOOR
MIAMI, FL 33132 US

New Principal Place of Business:

275 N.E. 18TH STREET
APT. 407
MIAMI, FL 33132 US

Current Mailing Address:

111 N.E. 1ST STREET
3RD FLOOR
MIAMI, FL 33132 US

New Mailing Address:

275 N.E. 18TH STREET
APT. 407
MIAMI, FL 33132 US

FEI Number: 98-0590522 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCOTT, MARK S
200 SOUTH BISCAYNE BLVD.
SUITE 3900
MIAMI, FL 33131 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: HOLLMANN, WILHELM
Address: 111 N.E. 1ST STREET, 3RD FLOOR
City-St-Zip: MIAMI, FL 33132 US

Title: MGR ( ) Delete
Name: HAMMER, JASMIN
Address: 111 N.E. 1ST STREET, 3RD FLOOR
City-St-Zip: MIAMI, FL 33132 US

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: HOLLMANN, WILHELM
Address: 275 N.E. 18TH STREET, APT. 407
City-St-Zip: MIAMI, FL 33132 US

Title: MGR (X) Change ( ) Addition
Name: HAMMER, JASMIN
Address: 275 N.E. 18TH STREET, APT. 407
City-St-Zip: MIAMI, FL 33132 US

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: WILHELM HOLLMANN MGR 05/04/2009

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