

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000110137

FILED  
Feb 02, 2012  
Secretary of State

**Entity Name:** PROLINE INTERNATIONAL GROUP, LLC

**Current Principal Place of Business:**

2718 NW 72TH AVENUE  
MIAMI, FL 33122

**New Principal Place of Business:**

13180 NW 43RD AVE  
OPA LOCKA, FL 33054

**Current Mailing Address:**

2718 NW 72TH AVENUE  
MIAMI, FL 33122

**New Mailing Address:**

13180 NW 43RD AVE  
OPA LOCKA, FL 33054

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

**Name and Address of Current Registered Agent:**

ARJA ASSOCIATES, INC.  
4315 NW 7TH STREET STE #51  
MIAMI, FL 33126 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: MGRM  
Name: CASTRO, RAMON A  
Address: SAN ISIDRO KM 1 APT 4-A  
City-St-Zip: STO DOMINGO, REP DOMINICANA, XX

Title: MGRM  
Name: DURAN MOLGAARD, PABLO F  
Address: 1 SOUTH 885, 2ND FLOOR  
City-St-Zip: TALCA, CHILE,

Title: MGRM  
Name: DURAN MOLGAARD, ALEJANDRA  
Address: 1 SOUTH 885, 2ND FLOOR  
City-St-Zip: TALCA, CHILE,

Title: MGRM  
Name: DURAN MOLGAARD, ANDREA  
Address: 1 SOUTH 885, 2ND FLOOR  
City-St-Zip: TALCA, CHILE,

Title: MGR  
Name: TOURON, MAURICIO  
Address: DON LUIS # 320  
City-St-Zip: VALLE GRANDE, CHILE, CH

I hereby 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: MAURICIO TOURON

MGR

02/02/2012

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