2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 15, 2005 8:00 am
Secretary of State
03-15-2005 90346 006 ****55.00

20020895

02252005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L97000000767

1. Entity Name
P&D SERVICES INT'L, LC

Principal Place of Business	Mailing Address
1230 CLEVELAND RD MIAMI BEACH, FL 33141	1230 CLEVELAND RD MIAMI BEACH, FL 33141

2. Principal Place of Business	3. Mailing Address
37 NE 28 street	37 NE 28 street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami FL	City & State: Miami FL
Zip: 33137 Country: USA	Zip: 33137 Country: USA

4. FEI Number: 65-0767151 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
IZARRA, ROKO 1230 CLEVELAND RD MIAMI, FL 33141	Name: IZARRA Roko Street Address (P.O. Box Number is Not Acceptable): 2000 North Bay shore Dr Apt 122. City: Miami FL Zip Code: 33137

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.

SIGNATURE ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00 Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMP IZARRA, ROKO 1230 CLEVELAND RD MIAMI BEACH, FL 33141	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMP Izarra Roko 2000 North Bay Shore Dr Apt. #122 Miami FL 33137	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMV LEI, CARLA 1230 CLEVELAND RD MIAMI BEACH, FL 33141	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMV Lei Carla 2000 North Bay Shore Dr APT 122 Miami FL 33137	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: [signature] March 09, 2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #