
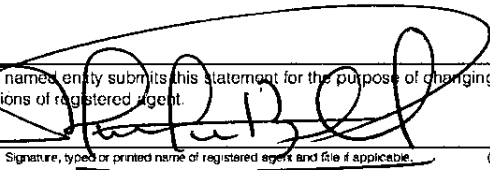
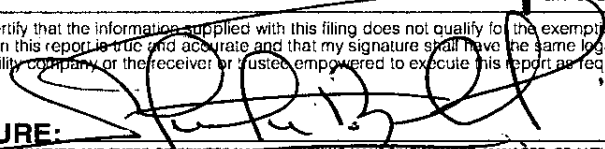


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90218 010 ****50.00

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| DOCUMENT # L99000005338 | | | |  | |
| 1. Entity Name SPECIAL MARKETING, L.L.C. | | | | | |
| Principal Place of Business 12420 NW 15TH STREET, #201 SUNRISE, FL 33323 | | | Mailing Address 12420 NW 15TH STREET, #201 SUNRISE, FL 33323 | | |
| 2. Principal Place of Business 2813 EXECUTIVE PARK Drive | | 3. Mailing Address 2813 EXECUTIVE PARK Drive | | | |
| Suite, Apt. #, etc. 119 | | Suite, Apt. #, etc. 119 | | | |
| City & State Weston FLORIDA | | City & State Weston FLORIDA | | | |
| Zip 33331 Country USA | | Zip 33331 Country USA | | | |
| 6. Name and Address of Current Registered Agent BERNAL, JORGE 12420 NW 15TH STREET, #201 SUNRISE, FL 33323 | | | 7. Name and Address of New Registered Agent Name BERNAL JORGE Street Address (P.O. Box Number is Not Acceptable) 2813 EXECUTIVE PARK Drive suite 119 City Weston FL Zip Code 33331 | | |
| 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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE  <small>Signature, typed or printed name of registered agent and file if applicable.</small> </div> <div style="width: 40%; text-align: right;"> 04-06-2004 <small>DATE</small> </div> <div style="width: 20%; text-align: center;"> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> </div> | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2004 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM BERNAL, JORGE 12420 NW 15TH STREET, #201 SUNRISE, FL 33323 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM Bernal Jorge 2813 EXECUTIVE PARK Drive suite 119 Weston FL, 33331 <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM LILIANA OSSA, MARIA 12420 NW 15TH STREET, #201 SUNRISE, FL 33323 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM OSSA MARIA LILIANA 2813 EXECUTIVE PARK Drive suite 119 Weston FL, 33331 <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | Date 04/06/04 (954) 6676683 <small>Daytime Phone #</small> | | |