


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90016 024 \*\*\*\*50.00

<b>DOCUMENT # L99000006889</b>	
1. Entity Name <b>PROMOFILM U.S., LLC</b>	

Principal Place of Business <b>520 BRICKELL KEY DRIVE STE 0-305 MIAMI, FL 33131</b>	Mailing Address <b>520 BRICKELL KEY DRIVE STE 0-305 MIAMI, FL 33131</b>
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40035209



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03272006 Chg-LLC CR2E083 (11/05)

4. FEI Number <b>65-0955362</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent
<b>TRANSGLOBAL CORP. ADMINISTRATION LLC</b> <b>520 BRICKELL KEY DRIVE</b> <b>#0-305</b> <b>MIAMI, FL 33131</b>		Name <b>Transglobal Corporate Administration LLC</b> Street Address (P.O. Box Number is Not Acceptable) <b>520 Brickell Key Drive</b> Suite <b>0-305</b> City <b>Miami</b> FL Zip Code <b>33131</b>

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  **Samuel P. Huen** DATE **3/28/06**

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

<b>Filing Fee is \$50.00 Due by May 1, 2006</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>CONTRERAS TEJERA, JOSE MIGUEL</b> <input type="checkbox"/> Delete <b>520 BRICKELL KEY DRIVE, 0-305</b> <b>MIAMI, FL 33131</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>HORACIO DANIEL LEVIN</b> <input type="checkbox"/> Delete <b>520 BRICKELL KEY DRIVE 0-305</b> <b>MIAMI, FL 33131</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>GUTMAN, DANIEL</b> <input checked="" type="checkbox"/> Delete <b>520 BRICKELL KEY DRIVE 0-305</b> <b>MIAMI, FL 33131</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO</b> <b>LUIS FERNANDEZ</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>FREEMAN, STEPHEN</b> <input type="checkbox"/> Delete <b>520 BRICKELL KEY DR SUITE 0-305</b> <b>MIAMI, FL 33131</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>ECIJA, DANIEL</b> <input type="checkbox"/> Delete <b>520 BRICKELL KEY DR, STE 0-305</b> <b>MIAMI, FL 33131</b>	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 exemptions contained in Chapter 119, 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:  **Luis Fernandez** DATE **3/27/06** DAYTIME PHONE # **305-777-1900**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE