

# 2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 AUG -1 AM 9:40

<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>		
2. Principal Place of Business <b>7395 W 19th Court</b>		3. Mailing Address <div style="display: flex; align-items: center;"> <div>             07242006    Chg-LLC    CR2E083 (11/05) </div> </div>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		4. FEI Number <b>65-0955362</b>	
City & State <b>Hialeah, Florida</b>		City & State 		Applied For Not Applicable	
Zip <b>33014</b>	Country <b>USA</b>	Zip 	Country 	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>TRANSGLOBAL CORP. ADMINISTRATION LLC 520 BRICKELL KEY DRIVE #0-305 MIAMI, FL 33131</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>Amended AR is \$50.00</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CONTRERAS TEJERA, JOSE MIGUEL 520 BRICKELL KEY DRIVE, 0-305 MIAMI, FL 33131	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Delete         </div>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HORACIO DANIEL LEVIN 520 BRICKELL KEY DRIVE 0-305 MIAMI, FL 33131	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Delete         </div>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO FERNANDEZ, LUIS 520 BRICKELL KEY DRIVE 0-305 MIAMI, FL 33131	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Delete         </div>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS FREEMAN, STEPHEN 520 BRICKELL KEY DR SUITE 0-305 MIAMI, FL 33131	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Delete         </div>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ECIJA, DANIEL 520 BRICKELL KEY DR, STE 0-305 MIAMI, FL 33131	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Delete         </div>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Delete         </div>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Delete         </div>			
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		07/27/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	

(305) 374-3800