2008 LIMITED LIABILITY COMPANY ANNUAL REPORT.

FILED Mar 13, 2008 8:00 am Secretary of State 02-11-2008 90140 001 ***143.75

DOCUMENT # M0200001451 1. Entity Name PUEBLO INTERNATIONAL, LLC						02-11-20	00 2014	0 001	143.73
Principal Place of Business CAMPO RICO AVENUE CORNER LOIZA EXPRESSWAY CAROLINA, PR 00982		Mailing Address ATT-TAX DEPT 1300 NW 2ND STREET POMPANO BEACH, FL 33069							
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01292008	Chg-LLC	CR2E	083 (12/06)	
City & State		City & State			4. FEI Numbe	v			pplied For ot Applicable
Ζip	Country	Zip Coun		itry				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				Name	7. Name and	Address of New	Registered	Agent	
PALEY, ALAN D									
1300 NW 2 POMPANO	22ND ST D BEACH, FL 33069			Street Address (P.O. Box Number is Not Acceptable)					
				City		·	Fl	Zip Cod	le ·
8. The above	named entity submits this statement for ions of registered agent.	the purpose of changing its	register	ed office or registere	ed agent, or bot	h, in the State of F	lorida. tam	temiliar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agent a	007		d Apent signesser required			DATE		
FILE NOWI!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75							ke check j	payable to nent of Stat	.
9.	MANAGING MEMBER	RS/MANAGERS	10.			ADDITIONS	/CHANGE	3	
NAME STREET ADDRESS CITY-ST-ZIP	MGR CISNEROS, GUSTAVO A 1300 NW 22ND STREET POMPANO BEACH, FL 33069	C Delete				***		Change	Addition
TITLE RAME STREET ADDRESS CITY-ST-ZIP	MGR KEON, WILLIAM T III 1300 NW 22ND STREET POMPANO BEACH, FL 33069	Delsia		•			_	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BANDEL, STEVEN 1300 NW 22ND STREET POMPANO BEACH, FL 33069	C) Certain		•				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PIERETTI, CRISTINA 1300 NW 22ND STREET POMPANO BEACH, FL 33069	☐ Deleta		·				☐ Change	Addition
TITLE HAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		I .			·	☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP		☐ Deleta	CITY-	E ET ADDRESS -ST-ZIP		.,		☐ Change	Addition
11. I hereby certify that the information supplied with this filting 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: David Office of Printe Name of Sciences Managers of Authorized Representative Date Office									