

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000013862

FILED  
May 11, 2007  
Secretary of State

**Entity Name:** AMERICAN NATIONAL EMPLOYMENT & TRAINING AGENCY, LLC

**Current Principal Place of Business:**

141 NW 20 STREET  
UNIT B-5  
BOCA RATON, FL 33431

**New Principal Place of Business:**

**Current Mailing Address:**

MAIL MANAGEMENT UNIT  
P.O. BOX 811330  
BOCA RATON, FL 33431

**New Mailing Address:**

141 NW 20 STREET  
UNIT B-5  
BOCA RATON, FL 33431

**FEI Number:** 65-1132423      **FEI Number Applied For** ( )      **FEI Number Not Applicable** ( )      **Certificate of Status Desired** ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

GURIN ENTERPRISES  
FL HEADQUARTER  
P.O. BOX 970399  
BOCA RATON, FL 33428 US

**Name and Address of New Registered Agent:**

GURIN ENTERPRISES  
3800 SOUTH OCEAN DRIVE  
1504  
HOLLYWOOD, FL 33019 US

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.

SIGNATURE: \_\_\_\_\_

05/11/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: GURIN, SERGEY V  
Address: 3800 SOUTH OCEAN DRIVE 1504  
City-St-Zip: HOLLYWOOD, FL 33019

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SERGEY GURIN

D

05/11/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date