

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000014929

FILED  
Apr 04, 2007  
Secretary of State

Entity Name: ALL COMMUNICATIONS & TECHNOLOGIES LLC

**Current Principal Place of Business:**

3785 N.W. 82ND AVENUE, #208  
MIAMI, FL 33166

**New Principal Place of Business:**

10540 NW 26TH STREET  
SUITE G-105  
DORAL, FL 33172

**Current Mailing Address:**

3785 N.W. 82ND AVENUE, #208  
MIAMI, FL 33166

**New Mailing Address:**

10540 NW 26TH STREET  
SUITE G-105  
DORAL, FL 33172

FEI Number: 65-1137663

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GONZALEZ, ARIADNA  
5189 N.W. 108 PATH  
DORAL, FL 33178 US

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

GONZALEZ, ARIADNA  
10540 NW 26TH STREET  
SUITE G-105  
DORAL, FL 33172 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: ARIADNA GONZALEZ

04/04/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: GONZALEZ, ARIADNA  
Address: 5189 N.W. 108 PATH  
City-St-Zip: DORAL, FL 33178

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: GONZALEZ, ARIADNA  
Address: 10540 NW 26TH STREET  
City-St-Zip: DORAL, FL 33172

I hereby certify that the information supplied with this filing does not qualify for the 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: ARIADNA GONZALEZ

MGRM

04/04/2007

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