


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90085 021 \*\*\*\*50.00  
05-03-2004 90145 031 \*\*\*\*50.00

<b>DOCUMENT # L03000030730</b>	
1. Entity Name CONSTRUCTION NETWORK SERVICES, LLC	

Principal Place of Business 6045 NW 82ND AVE. MIAMI, FL 33166	Mailing Address 6045 NW 82ND AVE. MIAMI, FL 33166
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



04292004 Chg-LLC CR2E083 (10/03)

4. FEI Number <i>Pending / Applied For</i>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent SANCHEZ-MEDINA, ROLAND JR. THE COLONNADE, STE. 302 2333 PONCE DE LEON BLVD. CORAL GABLES, FL 33134	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2004**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
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
Manager <del>Isabella</del> Xicotencal Garcilazo 6045 N.W. 82nd Av. Miami, FL 33166	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
Manager Luis G. Valdes 6045 N.W. 82nd Av. Miami, FL 33166	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<del>Isabella</del>	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Rolanda Sanchez-Medina Jr. AUTHORIZED REPRESENTATIVE April 30, 2004 (305) 449-4244  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Rolanda Sanchez-Medina Jr.