

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000056557

FILED
May 01, 2009
Secretary of State

Entity Name: ENGITEK LLC

Current Principal Place of Business:

5951 NW 173RD DRIVE
SUITE 1-B
MIAMI, FL 33015

New Principal Place of Business:

Current Mailing Address:

5951 NW 173RD DRIVE
SUITE 1-B
MIAMI, FL 33015

New Mailing Address:

FEI Number: 20-3770838 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:

MASSAC, MAX E
17501 NW 49TH AVE.
MIAMI, FL 33055 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MASSAC, MAX E PE
Address: 17501 NW 49TH AVE.
City-St-Zip: MIAMI, FL 33055

Title: MGR () Delete
Name: CASTOR, SEVIGNE
Address: 10352 SW 9TH LANE
City-St-Zip: PEMBROKE PINES, FL 33025

Title: MGR () Delete
Name: LEVEILLE, MARC A
Address: 11640 SW 92ND TERRACE
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES:

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

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

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: MAX E. MASSAC

MGR

05/01/2009

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