

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000063848

FILED
Sep 05, 2006
Secretary of State

Entity Name: WIAMAX TECHNOLOGIES LLC

Current Principal Place of Business:

6780 SW 185 WAY
SUITE 1A
SW RANCHES, FL 33332 US

New Principal Place of Business:

5401 NW 102 AVE
SUITE 101
SUNRISE, FL 33351 US

Current Mailing Address:

6780 SW 185 WAY
SUITE 1A
SW RANCHES, FL 33332 US

New Mailing Address:

5401 NW 102 AVE
SUITE 101
SUNRISE, FL 33351 US

FEI Number: 38-3707050 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:

TAPIA, VICTOR M
6780 SW 185 WAY
SUITE 1A
SW RANCHES, FL 33332 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: AMMIRATA, SERGIO
Address: 788 NW 127 AVE
City-St-Zip: CORAL SPRINGS, FL 33071 US

Title: MGR () Delete
Name: TAPIA, VICTOR M
Address: 6780 SW 185 WAY
City-St-Zip: SW RANCHES, FL 33332 US

ADDITIONS/CHANGES:

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 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: VICTOR TAPIA

MGR

09/05/2006

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