


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-24-2006 90220 029 ****50.00

DOCUMENT # L05000112285			
1. Entity Name INTEGRA SOLUTIONS LLC			
Principal Place of Business 520 BRICKELL KEY DRIVE SUITE 0-305 MIAMI, FL 33131		Mailing Address 520 BRICKELL KEY DRIVE SUITE 0-305 MIAMI, FL 33131	
2. Principal Place of Business 3191 CORAL WAY Suite, Apt. #, etc. 624		3. Mailing Address 3191 CORAL WAY Suite, Apt. #, etc. 624	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33145	Country USA	Zip 33145	Country USA
6. Name and Address of Current Registered Agent TRANSGLOBAL CORPORATE ADMINISTRATION LLC 520 BRICKELL KEY DRIVE SUITE 0-305 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name PAULO MELO Street Address (P.O. Box Number is Not Acceptable) 3191 CORAL WAY #624 City MIAMI FL Zip Code 33145	
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: <i>[Signature]</i>		DATE: 3/17/06	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MULTI CORPORATE SERVICES, INC. 520 BRICKELL KEY DRIVE, STE. 0-305 MIAMI, FL 33131 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MELO, PAULO 3191 CORAL WAY #624 MIAMI, FL 33145 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>[Signature]</i>		DATE: 3/17/06	DAYTIME PHONE #: 305-567-1163