

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000113223

**FILED**  
**Apr 25, 2007**  
**Secretary of State**

**Entity Name:** STRATEGIC ALLIANCES OF THE AMERICAS, LLC

**Current Principal Place of Business:**

4000 PONCE DE LEON BLVD.  
STE. 470 NO. 5  
CORAL GABLES, FL 33146 US

**New Principal Place of Business:**

**Current Mailing Address:**

CCS 10118 C/O MONAHAN  
PO BOX 025323  
MIAMI, FL 33102

**New Mailing Address:**

CCS 10118 C/O MONAHAN  
PO BOX 025323  
MIAMI, FL 33102 US

**FEI Number:** 41-2191440

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MONAHAN, ROARK R CPA  
4000 PONCE DE LEON BLVD.  
STE. 470 NO. 5  
CORAL GABLES, FL 33146 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: MGRM ( ) Delete  
Name: DURAN DIAZ, LUZ A  
Address: 4000 PONCE DE LEON BLVD. STE 470 NO. 5  
City-St-Zip: CORAL GABLES, FL 33146

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: DURAN DIAZ, LUZ A  
Address: 4000 PONCE DE LEON BLVD. STE 470 NO. 5  
City-St-Zip: CORAL GABLES, FL 33146 US

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: LUZ A. DURAN DIAZ

MGRM

04/25/2007

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