

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000002670

FILED  
Jan 04, 2007  
Secretary of State

Entity Name: CAMPOS TOOL SUPPLIES, L.C.

**Current Principal Place of Business:**

13899 BISCAYNE BOULEVARD  
SUITE 225  
NORTH MIAMI BEACH, FL 33181

**New Principal Place of Business:**

**Current Mailing Address:**

13899 BISCAYNE BOULEVARD  
SUITE 225  
NORTH MIAMI BEACH, FL 33181

**New Mailing Address:**

FEI Number: 65-0877185      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

CUEVAS & RUBIN, P.A.  
9200 S DADELAND BLVD  
# 603  
MIAMI, FL 33156 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: CAMPOS, EDGAR IVAN  
Address: 21055 YACHT CLUB DRIVE #1204  
City-St-Zip: AVENTURA, FL 33180

Title: MGRM ( ) Delete  
Name: CAMPOS, GERMAN RENE  
Address: 13899 BISCAYNE BOULEVARD SUITE 225  
City-St-Zip: NORTH MIAMI BEACH, FL 33181

Title: MGRM ( ) Delete  
Name: CAMPOS, JORGE NADHRY  
Address: 13899 BISCAYNE BOULEVARD SUITE 225  
City-St-Zip: NORTH MIAMI BEACH, FL 33181

Title: MGRM ( ) Delete  
Name: CAMPOS, DENISE XIMENA  
Address: 13899 BISCAYNE BOULEVARD SUITE 225  
City-St-Zip: NORTH MIAMI BEACH, FL 33181

Title: MGRM ( ) Delete  
Name: CAMPOS, ANA EDILMA BAR  
Address: 13899 BISCAYNE BOULEVARD SUITE 225  
City-St-Zip: NORTH MIAMI BEACH, FL 33181

**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:

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: IVAN CAMPOS

MGRM

01/04/2007

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