

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000005544

Entity Name: VITEC SOLUTIONS, LLC

FILED
Jan 20, 2009
Secretary of State

Current Principal Place of Business:

703 WATERFORD WAY
SUITE 520
MIAMI, FL 33126

New Principal Place of Business:

Current Mailing Address:

703 WATERFORD WAY
SUITE 520
MIAMI, FL 33126

New Mailing Address:

FEI Number: 20-2309384 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALFONSO, DAVID
EMPIRE INVESTMENT HOLDINGS LLC
703 WATERFORD WAY, SUITE 520
MIAMI, FL 33126 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: ALFONSO, DAVID F CEO
Address: 703 WATERFORD WAY, SUITE 520
City-St-Zip: MIAMI, FL 33126

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ALFONSO, DAVID F
Address: 703 WATERFORD WAY, SUITE 520
City-St-Zip: MIAMI, FL 33126

Title: MGR () Change (X) Addition
Name: GREIF, MICHAEL T
Address: 703 WATERFORD WAY, SUITE 520
City-St-Zip: MIAMI, FL 33126

Title: MGR () Change (X) Addition
Name: BARDAKJY, GENE
Address: 703 WATERFORD WAY, SUITE 520
City-St-Zip: MIAMI, FL 3326

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: MICHAEL T. GREIF

MGR

01/20/2009

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