

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000097206

Entity Name: MATIC EVENT STAFFING, LLC

FILED
Jan 14, 2007
Secretary of State

Current Principal Place of Business:

9231 SW 87TH AVENUE
C9
MIAMI, FL 33156

Current Mailing Address:

9231 SW 87TH AVENUE
C9
MIAMI, FL 33156

New Principal Place of Business:

680 MILLER DRIVE
303W
MIAMI SPRINGS, FL 33166

New Mailing Address:

680 MILLER DRIVE
303W
MIAMI SPRINGS, FL 33166

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORAMARCO, BROOKE J
12790 S. DIXIE HWY
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: MGR () Delete
Name: MORAMARCO, BROOKE J
Address: 12790 S. DIXIE HWY
City-St-Zip: MIAMI, FL 33156

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

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

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Change (X) Addition
Name: MARTINEZ, LAURA P
Address: 9231 SW 87 AVENUE, C9
City-St-Zip: MIAMI, FL 33176

Title: TR () Change (X) Addition
Name: OCHOA, JOAQUIN J
Address: 680 MILLER DRIVE, #303W
City-St-Zip: MIAMI SPRINGS, FL 33166

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: BROOKE MORAMARCO

MGR

01/14/2007

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