


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90134 050 ***138.75

DOCUMENT # L05000112285

1. Entity Name
INTEGRA SOLUTIONS LLC



Principal Place of Business Mailing Address

~~3191 CORAL WY~~ ~~3191 CORAL WY~~
~~SUITE 624~~ ~~SUITE 624~~
~~MIAMI, FL 33145~~ ~~MIAMI, FL 33145~~

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

2828 CORAL WAY **2828 CORAL WAY**

Suite, Apt. #, etc. Suite, Apt. #, etc.


308 **308**

City & State City & State

MIAMI **MIAMI**

Zip Country Zip Country

33145 **USA** **33145** **USA**



01312008 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent

MELO, PAULO
3191 CORAL WY #624
~~MIAMI, FL 33145~~

7. Name and Address of New Registered Agent

Name: **N/A**

Street Address (P.O. Box Number is Not Acceptable):
2828 CORAL WAY
SUITE # 308

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 _____ (NOTE: Registered Agent signature required when reexisting) _____ DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MELO, PAULO 3191 CORAL WY, # 024 MIAMI, FL 33145 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MELO, PAULO <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY GABRIELA GUIMARAES 2828 CORAL WAY #308 MIAMI FL 33145 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MELO, PAULO 2828 CORAL WAY # 308 MIAMI, FL, 33145 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Paulo Melo* 2/22/2008 305-567-1163

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #