2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
May 05, 2008
Secretary of State

DOCUMENT# L07000090827

Entity Name: CELISTICS, LLC

Current Principal Place of Business:

17501 BISCAYNE BLVD, SUITE 510
AVENTURA, FL 33160

New Principal Place of Business:

Current Mailing Address:

5805 BLUE LAGOON DR, SUITE 200
MAIMI, FL 33126

New Mailing Address:

FEI Number: 26-0846703 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AG CORPORATE SERVICES, LLC
5805 BLUE LAGOON DR
STE 200
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: FIKSMAN, LEON FERNANDO
Address: 17501 BISCAYNE BLVD STE 510
City-St-Zip: AVENTURA, FL 33160

Title: MGR ( ) Delete
Name: STOLO ZARLENGA, MARTIN IGNACIO
Address: 17501 BISCAYNE BLVD STE 510
City-St-Zip: AVENTURA, FL 33160

Title: MGR ( ) Delete
Name: LOPEZ MENDEZ, JOSE MARIA
Address: 17501 BISCAYNE BLVD STE 510
City-St-Zip: AVENTURA, FL 33160

Title: MGR ( ) Delete
Name: GONZALEZ, JUAN MANUEL
Address: 17501 BISCAYNE BLVD STE 510
City-St-Zip: AVENTURA, FL 33160

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

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

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

Title: MGR ( ) Change (X) Addition
Name: SARDINERO ROSCALES, JESUS
Address: 17501 BISCAYNE BLVD STE 510
City-St-Zip: AVENTURA, FL 33160

Title: MGR ( ) Change (X) Addition
Name: PICAZO TORRES, CARMEN
Address: 17501 BISCAYNE BLVD STE 510
City-St-Zip: AVENTURA, FL 33160

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: LEON FERNANDO FIKSMAN MGR 05/05/2008

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