

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000001752

FILED  
May 04, 2004  
Secretary of State

Entity Name: C T I DIRECT, LLC

**Current Principal Place of Business:**

6205 BLUE LAGOON DR., SUITE 130  
MIAMI, FL 33126

**New Principal Place of Business:**

**Current Mailing Address:**

6205 BLUE LAGOON DR., SUITE 130  
MIAMI, FL 33126

**New Mailing Address:**

FEI Number: 65-1048872

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MONGE, AUGUSTO  
7640 NW 25 ST., #120  
MIAMI, FL 33122 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/MEMBERS:**

Title: MGRM ( ) Delete  
Name: MONGE, AUGUSTO  
Address: 6205 BLUE LAGOON DR., SUITE 130  
City-St-Zip: MIAMI, FL 33126

Title: D ( ) Delete  
Name: CASTANEDA, JUAN CARLOS  
Address: 6205 BLUE LAGOON DR., SUITE 130  
City-St-Zip: MIAMI, FL 33126

**ADDITIONS/CHANGES:**

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

Title: MGR (X) Change ( ) Addition  
Name: CASTANEDA, JUAN CARLOS  
Address: 6205 BLUE LAGOON DR., SUITE 130  
City-St-Zip: MIAMI, FL 33126

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JUAN CASTANEDA

MGR

05/04/2004

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