

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000008444

Entity Name: VIAPARK SERVICES, L.C.

FILED
Apr 30, 2006
Secretary of State

Current Principal Place of Business:

4630 NORTH UNIVERSITY DR.
SUITE 383
CORAL SPRINGS, FL 33067

New Principal Place of Business:

Current Mailing Address:

4630 NORTH UNIVERSITY DR.
SUITE 383
CORAL SPRINGS, FL 33067

New Mailing Address:

FEI Number: 65-1025236

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BREVES, ALEXANDRE
4630 NORTH UNIVERSITY DRIVE #383
CORAL SPRINGS, FL 33067 US

Name and Address of New Registered Agent:

BREVES, ALEX
4630 NORTH UNIVERSITY DRIVE #383
CORAL SPRINGS, FL 33067 US

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: ALEX BREVES

04/30/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: BREVES, ALEXANDRE
Address: 4630 NORTH UNIVERSITY DR., #383
City-St-Zip: CORAL SPRINGS, FL 33067

Title: T () Delete
Name: BREVES, ALMERINDO
Address: 4630 NORTH UNIVERSITY DR., #383
City-St-Zip: CORAL SPRINGS, FL 33067

ADDITIONS/CHANGES:

Title: P (X) Change () Addition
Name: BREVES, ALEX
Address: 4630 NORTH UNIVERSITY DR., #383
City-St-Zip: CORAL SPRINGS, FL 33067

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

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: ALEX BREVES

P

04/30/2006

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