

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000013921

Entity Name: BETACOM, L.L.C.

FILED
Aug 14, 2006
Secretary of State

Current Principal Place of Business:

P.O. BOX 266822
WESTON, FL 33326

New Principal Place of Business:

10650 NE 10TH PL
MIAMI SHORES, FL 33138

Current Mailing Address:

P.O. BOX 266822
WESTON, FL 33326

New Mailing Address:

10650 NE 10TH PL
MIAMI SHORES, FL 33138

FEI Number: 65-1054686 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

DE VARONA, SERGIO
304 PALERMO AVE
CORAL GABLES, FL 33134 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: MGRM () Delete
Name: PATINO, ANA D
Address: P.O. BOX 266822
City-St-Zip: WESTON, FL 33326

Title: MGRM () Delete
Name: SALAZAR, JOSE E
Address: P.O. BOX 266822
City-St-Zip: WESTON, FL 33326

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PATINO, ANA D
Address: 10650 NE 10TH PL
City-St-Zip: MIAMI SHORES, FL 33138

Title: MGRM (X) Change () Addition
Name: SALAZAR, JOSE E
Address: 10650 NE 10TH PL
City-St-Zip: MIAMI SHORES, FL 33138

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: JOSE E SALAZAR

MGRM

08/14/2006

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