


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000022198	
1. Entity Name BWS TECHNOLOGY, LLC	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR 23 AM 8:57

Principal Place of Business 5201 BLUE LAGOON DR SUITE 250 MIAMI, FL 33126	Mailing Address 5201 BLUE LAGOON DR SUITE 250 MIAMI, FL 33126
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02122008 Chg-LLC CR2E083 (12/06)

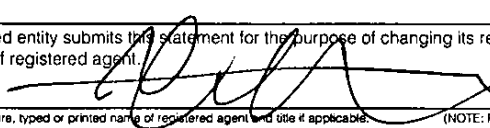
4. FEI Number 02-0537593	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent OTALVARO, NOAH 5201 BLUE LAGOON DR SUITE 250 MIAMI, FL 33126	
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7. Name and Address of New Registered Agent	
Name Antonio Otalvaro	
Street Address (P.O. Box Number is Not Acceptable) 5201 Blue Lagoon Dr., Suite 250	
City Miami	Zip Code FL 33126

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  DATE 4-9-2008
(NOTE: Registered Agent signature required when reinstating)

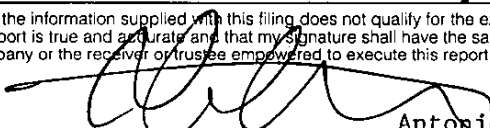
FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FRANCISCO, OTALVARO <input checked="" type="checkbox"/> Delete 5201 BLUE LAGOON DR #250 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR OTALVARO, NOAH <input checked="" type="checkbox"/> Delete 5201 BLUE LAGOON DR #250 MIAMI, FL 33126
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	MGR Antonio Otalvaro <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5201 Blue Lagoon Dr., #250 Miami, FL 33216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600125502936 04/24/08--01008--005 ***627.50
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:  Antonio Otalvaro, Manager 4/9/2008 (305) 266-9133
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #