

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000008345

FILED
Feb 08, 2005
Secretary of State

Entity Name: GO2 PREPAID L.L.C.

Current Principal Place of Business:

1100 NW 163 DR.
MIAMI, FL 33169

New Principal Place of Business:

Current Mailing Address:

1100 NW 163 DR.
MIAMI, FL 33169

New Mailing Address:

FEI Number: 01-0670323

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ARTURO, AYALA
1100 NW 163 DR.
MIAMI, FL 33169 US

Name and Address of New Registered Agent:

SANCHEZ, STELLA
11490 NORTH BAY SHORT
MIAMI, FL 33181 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: STELLA SANCHEZ

02/08/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: MEDINA, MAGDALENA
Address: 1915 BRICKELL AVE., STE CHP 5
City-St-Zip: MIAMI, FL 33129

Title: MGRM () Delete
Name: SANCHEZ, STELLA
Address: 11490 NORTH BAY SHORT
City-St-Zip: MIAMI, FL 33181

Title: MGRM (X) Delete
Name: AYALA, ARTURO
Address: 1915 BRICKELL AVE., STE CHP 5
City-St-Zip: MIAMI, FL 33129

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:

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: MAGDALENA MEDINA

MGRM

02/08/2005

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