### 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

### **DOCUMENT # L02000028973**

1. Entity Name

APPROACH TECHNOLOGIES INTERNATIONAL, LLC



Principal Place of Business

Mailing Address

14645 NW 77 AVE

14645 NW 77 AVE

107

DO NOT WRITE IN THIS SPACE

MIAMI LAKES, FL 33014

MIAMI LAKES, FL 33014



02062007 No Chg-LLC

CR2E083 (11/05)

**FILED** 

Mar 20, 2007 08:00 AM Secretary of State

4. FEI Number 32-0039934 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

AMAD, JORGE 3100 SW 186 TERRACE MIRAMAR, FL 33029

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	The above named entity submits this statement for the purpose of chathe obligations of registered agent.	anging its registered office or registered agent, or bot	n, in the State of Florida. I am familiar with, and accept		
SI	SIGNATURE				
	Signature, lymed or printed name of registered agent and title diagnificable	(NOTE: Begistered Agent signature required when reinstating)	DATE		

#### Filing Fee is \$50.00 Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGRM		
NAME	AMAD, JORGE		
STREET ADDRESS	3100 SW 186 TERRACE		
CITY-ST-ZIP	MIRAMAR, FL 33029		
TITLE ST			
NAME	AMAD, JORGE		
STREET ADDRESS	3100 SW 180 TERR		
CITY-ST-ZIP	MIRAMAR, FL 33029		
TITLE	MGRM		
NAME	BEATO, RICHARD		
STREET ADDRESS	7635 SW 106TH AVE		
CITY-ST-ZIP	MIAMI, FL 33173		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
44			

U00000674203 03/29/07-80059-020 50.00

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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 symature 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 rustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

SIGNATURE AND TYPED OR PRIVED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

X 02/28/07 X(305)817-331

Daytime Phone #