2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 04, 2007
Secretary of State

DOCUMENT# L02000034096

Entity Name: CIPHER BUSINESS SOLUTIONS, LLC

Current Principal Place of Business:

10400 NW 33RD ST.
SUITE 270
MIAMI, FL 33172

New Principal Place of Business:

Current Mailing Address:

5139 NW 106TH AVE
MIAMI, FL 33178

New Mailing Address:

FEI Number: 76-0733397 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TOVAR DEL CORRAL, JOSE' G
ARIAS TOVAR & ASSOCIATES, P.A.
1725 MAIN STREET, SUITE 205
WESTON, FL 33326 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: MGR ( ) Delete
Name: GOMEZ, EDUARDO
Address: 5139 NW 106TH AVE
City-St-Zip: DORAL, FL 33178

Title: MGR ( ) Delete
Name: GOMEZ, ANA MARIA
Address: 5139 NW 106TH AVE
City-St-Zip: DORAL, FL 33178

Title: MGR ( ) Delete
Name: MIERES, ABELARDO
Address: 4520 NW 107TH AVE, APT 104
City-St-Zip: DORAL, FL 33178

ADDITIONS/CHANGES:

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

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

Title: MGR (X) Change ( ) Addition
Name: MIERES, ABELARDO
Address: 6815 SPANISH BAY COURT
City-St-Zip: MISSOURI CITY, TX 77459

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: EDUARDO GOMEZ MGR 01/04/2007

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