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May 01, 2006 8:00 am
Secretary of State
05-01-2006 90085 022 ****50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000005960

1. Entity Name
INDEXET, LLC

20041752

Principal Place of Business	Mailing Address
4854 SW 72ND AVENUE MIAMI, FL 33155	[redacted] BISCAYNE BLVD., #4100 MIA[redacted] 33131

2. Principal Place of Business	3. Mailing Address
	806 Douglas Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.: Suite 580
City & State	City & State: Coral Gables, FL
Zip / Country	Zip: 33134 / Country: US

01062006 Chg-LLC CR2E083 (11/05)

4. FEI Number: 16-1660514 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORPORATE[redacted]ERNATIONAL REGISTERED AGENTS 200 SOUTH BIS[redacted]YNE BLVD., STE. 4100 MIAMI, FL 33131[redacted]	Name: Registered Agent Corporate Services Inc. Street Address (P.O. Box Number is Not Acceptable): 806 Douglas Road Suite 580 City: Coral Gables FL Zip Code: 33134

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 [signature] 1/24/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM IMS COMPANIES LLC 4854 SW 72ND AVENUE MIAMI, FL 33155 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEONEL, SAMUEL 4854 SW 72ND AVENUE MIAMI, FL 33155 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM/MGR LEONEL, SAMUEL c/o 806 DOUGLAS ROAD, SUITE 580 CORAL GABLES, FL 33134 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: [signature] SAMUEL FRANCO LEONEL 01/31/2006 786-5241433
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #