2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2004
Secretary of State

DOCUMENT# L03000024520

Entity Name: TECHNOEXPORT AMERICA, LLC

Current Principal Place of Business:

950 S. PINE ISLAND ROAD, STE. 110
PLANTATION, FL 33324

New Principal Place of Business:

Current Mailing Address:

950 S. PINE ISLAND ROAD, STE. 110
PLANTATION, FL 33324

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GLOBAL HUMAN CAPITAL SOLUTIONS, INC.
1580 SAWGRASS CORPORATE PKWY., STE. 130
SUNRISE, FL 33323 US

Name and Address of New Registered Agent:

GLOBAL HUMAN CAPITAL SOLUTIONS, INC.
1560 SAWGRASS CORPORATE PKWY.
4TH FLOOR
SUNRISE, FL 33323 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: LUIS FERNANDO JARAMILLO 04/30/2004
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete
Name: PULIDO, CAROLINA
Address: 950 S. PINE ISLAND ROAD, STE. 110
City-St-Zip: PLANTATION, FL 33324

Title: MGR ( ) Delete
Name: MUNOZ, ANDRES F
Address: 950 S. PINE ISLAND ROAD, STE. 110
City-St-Zip: PLANTATION, FL 33324

ADDITIONS/CHANGES:

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: ANDRES MUNOZ MGR 04/30/2004
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date