


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Sep 13, 2004 8:00 am**  
**Secretary of State**

09-13-2004 90133 043 \*\*\*\*50.00

<b>DOCUMENT # L0300026118</b> 1. Entity Name <b>MIAMI DADE COMPUTER SOLUTIONS LLC</b>		
Principal Place of Business <b>3566 W 75 PLACE HIALEAH, FL 33018</b>		Mailing Address <b>3566 W 75 PLACE HIALEAH, FL 33018</b>
2. Principal Place of Business <b>MIAMI DADE COUNTY</b>	3. Mailing Address <b>P.O. BOX 835283</b>	
Suite, Apt. #, etc. <b>3566 W 75 PLACE</b>	Suite, Apt. #, etc.	
City & State <b>HIALEAH, FL</b>	City & State <b>MIAMI, FL</b>	
Zip <b>33018</b>	Country <b>MIAMI-DADE</b>	Zip <b>33283</b>
Country <b>USA</b>		Country <b>USA</b>



09082004 Chg-LLC CR2E083 (10/03)

4. FEI Number **20-011-7262** Applied For   
Not Applicable

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

<b>6. Name and Address of Current Registered Agent</b>  <b>BRETON, HECTOR</b> <b>3566 W 75 PLACE</b> <b>HIALEAH, FL 33018</b>	<b>7. Name and Address of New Registered Agent</b> Name <b>(NONE)</b> Street Address (P.O. Box Number is Not Acceptable) _____ City _____ State <b>FL</b> Zip Code _____
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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 *Hector R. Breton* **HECTOR R. BRETON** DATE **9/8/04**

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 September 8, 2004**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE	NAME	<input type="checkbox"/> Delete		TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<b>PRESIDENT HECTOR R. BRETON 3566 W 75 PLACE HIALEAH, FL 33018</b>	<input type="checkbox"/>				<input type="checkbox"/>	
	_____	<input type="checkbox"/>				<input type="checkbox"/>	
	_____	<input type="checkbox"/>				<input type="checkbox"/>	
	_____	<input type="checkbox"/>				<input type="checkbox"/>	
	_____	<input type="checkbox"/>				<input type="checkbox"/>	
	_____	<input type="checkbox"/>				<input type="checkbox"/>	
	_____	<input type="checkbox"/>				<input type="checkbox"/>	

11. I hereby certify that the information supplied with this filing does not qualify 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 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: *Hector R. Breton* **9/8/04** **786-325-5000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #