

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000029389

FILED
May 18, 2007
Secretary of State

Entity Name: GLOBAL HISPANIC CONSULTING, LLC

Current Principal Place of Business:

1323 PORTOFINO CIRCLE
APTO. 909
WESTON, FL 33326 US

New Principal Place of Business:

1423 MARTINIQUE CT
APTO. 6401
WESTON, FL 33326 US

Current Mailing Address:

1323 PORTOFINO CIRCLE
APTO. 909
WESTON, FL 33326 US

New Mailing Address:

1423 MARTINIQUE CT
APTO. 6401
WESTON, FL 33326 US

FEI Number: 20-0143596 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

AG CORPORATE SERVICES, LLC
300 SEVILLA AVENUE
STE 201
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

AG CORPORATE SERVICES, LLC
5805 BLUE LAGOON DR
STE 200
MIAMI, FL 33126 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: DOMINGO ALONSO

05/18/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BERRY, RAUL
Address: 1323 PORTOFINO CIRCLE
City-St-Zip: WESTON, FL 33326

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BERRY, RAUL
Address: 1423 MARTINIQUE CT APTO 6401
City-St-Zip: WESTON, FL 33326

I hereby certify that the information supplied with this filing does not qualify 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: RAUL BERRY

MGR

05/18/2007

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