2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 25, 2004 8:00 am
Secretary of State
05-25-2004 90204 047 ****50.00

DOCUMENT # L03000030940

1. Entity Name
SDM CONSULTANCY & SERVICES, LLC

Principal Place of Business	Mailing Address
14359 MIRAMAR PARKWAY SUITE 123 MIRAMAR, FL 33027	14359 MIRAMAR PARKWAY SUITE 123 MIRAMAR, FL 33027
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

05142004 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-0245555 ☐ 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
LATIN NETWORK CONSULTANTS, INC 1820 N CORPORATE LAKES BLVD SUITE 104 WESTON, FL 33326	Name LATIN NETWORK CONSULTANTS, INC Street Address (P.O. Box Number is Not Acceptable) 2853 EXECUTIVE PARK DR. STE 201 City WESTON FL Zip Code 33326

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] Isabel Rivera 05/13/04
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 STREET ADDRESS CITY-ST-ZIP	MGRM MILLAN-DUGARTE, ALEXANDER 14359 MIRAMAR PARKWAY, SUITE 123 MIRAMAR, FL 33027	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AARON, RANSON 14359 MIRAMAR PARKWAY, SUITE 123 MIRAMAR, FL 33027	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALVARADO, VLADIMIR 14359 MIRAMAR PARKWAY, SUITE 123 MIRAMAR FL 33027	☐ 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 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: Alexander Millan 05/13/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #