

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000034343

Entity Name: FIRST E-SOLUTIONS LLC

FILED
Jul 16, 2004
Secretary of State

Current Principal Place of Business:

2805 E. OAKLAND PARK BLVD,
UNIT # 184
FORT LAUDERDALE, FL 33306

New Principal Place of Business:

Current Mailing Address:

2805 E. OAKLAND PARK BLVD,
UNIT # 184
FORT LAUDERDALE, FL 33306

New Mailing Address:

FEI Number: 90-0173880

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MELO, ANTONIO R
2805 E. OAKLAND PARK BLVD,
UNIT 184
FORT LAUDERDALE, FL 33306 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: MELO, ANTONIO R
Address: 2805 E. OAKLAND PARK BLVD, UNIT 184
City-St-Zip: FORT LAUDERDALE, FL 33306

Title: MGR () Delete
Name: SUND, PARKER
Address: 5949 NE 6TH AVE,
City-St-Zip: MIAMI, FL 33137

Title: MGR () Delete
Name: NICHOLSON, ANDRE P
Address: 7310 DEBBIE DR.
City-St-Zip: DALLAS, TX 75252

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: PARKER SUND

MGR

07/16/2004

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