

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000040297

FILED
Feb 23, 2007
Secretary of State

Entity Name: CORPORATE MOMENTUM GROUP, LLC

Current Principal Place of Business:

7590 NORTHWEST 186TH STREET
SUITE 206
MIAMI, FL 33015

New Principal Place of Business:

5979 NW 151 ST
SUITE 206
MIAMI LAKES, FL 33014

Current Mailing Address:

7590 NORTHWEST 186TH STREET
SUITE 206
MIAMI, FL 33015

New Mailing Address:

5979 NW 151 ST
SUITE 206
MIAMI LAKES, FL 33014

FEI Number: 20-0322272

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEREZ, DAVID T
7590 NORTHWEST 186TH STREET
MIAMI LAKES, FL 33015 US

Name and Address of New Registered Agent:

PEREZ, DAVID T
5979 NW 151 ST
MIAMI LAKES, FL 33014 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: CARLOS HERNANDEZ

02/23/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HERNANDEZ, CARLOS J
Address: 15794 NW 24TH ST
City-St-Zip: PEMBROKE PINES, FL 33028

Title: MGRM () Delete
Name: HERNANDEZ, SHANNON R
Address: 15794 NW 24TH ST
City-St-Zip: PEMBROKE PINES, FL 33028

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 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: CARLOS HERNANDEZ

MGRM

02/23/2007

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