

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000003178

FILED
May 31, 2005
Secretary of State

Entity Name: INFO SYSTEMS SOLUTIONS, LLC.

Current Principal Place of Business:

2501 BRICKELL AVENUE #1102
MIAMI, FL 33129

New Principal Place of Business:

210 KING NEPTUNE LN
CAPE CANAVERAL, FL 32920

Current Mailing Address:

2501 BRICKELL AVENUE #1102
MIAMI, FL 33129

New Mailing Address:

210 KING NEPTUNE LN
CAPE CANAVERAL, FL 32920

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) 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:

ROSE, G. DENNIS
1450 MADRUGA AVENUE, STE 207
CORAL GABLES, FL 33146 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: MGR () Delete
Name: ELKUIN MAURICIO ANGE, E
Address: 2501 BRICKELL AVENUE #1102
City-St-Zip: MIAMI, FL 33129

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: PRE (X) Change () Addition
Name: ANGEE, MARIA
Address: 210 KING NEPTUNE LN
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: VP () Change (X) Addition
Name: ANGEE, MAURICIO E
Address: 210 KING NEPTUNE LN
City-St-Zip: CAPE CANAVERAL, FL 32920

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: E. MAURICIO ANGEE

PRE

05/31/2005

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