

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000004365

FILED  
Jul 17, 2007  
Secretary of State

**Entity Name:** PHANTOM INFORMATION TECHNOLOGIES, LLC

**Current Principal Place of Business:**

1987 NW 88 CT.  
SUITE 201  
MIAMI, FL 33172

**New Principal Place of Business:**

**Current Mailing Address:**

1987 NW 88 CT.  
SUITE 201  
MIAMI, FL 33172

**New Mailing Address:**

**FEI Number:** 20-0948560      **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:**

**Name and Address of New Registered Agent:**

VIGIL-FARINAS, ELENA ESQ  
4160 W 16TH AVE, STE 502  
HIALEAH, FL 33012 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: RAMOS, ALYSSA  
Address: 3544 SW 151 CT  
City-St-Zip: MIAMI, FL 33185

Title: MGR ( ) Delete  
Name: FABREGAS, GLADYS  
Address: 10478 NW 132 ST  
City-St-Zip: HIALEAH GARDENS, FL 33018

**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 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: ALLYSSA RAMOS

MGR

07/17/2007

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