2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000015495

Address:

City-St-Zip:

4505 NW 72 AVENUE

MIAMI, FL 33166 US

Entity Name: CLEVER-RING AMERICAS, "LLC"

FILED Apr 21, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 4505 NW 72ND AVENUE MIAMI, FL 33160 US **Current Mailing Address: New Mailing Address:** 4505 NW 72ND AVENUE MIAMI, FL 33160 FEI Number: 20-0875144 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FIELD, MAUREEN MGR 4505 NW 72 AVENUE MIAMI, FL 33166 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: ADDITIONS/CHANGES: Title: () Change () Addition () Delete BRANTSCHEN, NICOLAS Name: Name: Address: 4505 NW 72 AVENUE Address: City-St-Zip: MIAMI, FL 33166 US City-St-Zip: Title: MGR () Delete Title: () Change () Addition BRANTSCHEN, ROBERTA Name: Name: Address: 4505 NW 72 AVENUE Address: City-St-Zip: MIAMI, FL 33166 US City-St-Zip: Title: MGR () Delete Title: () Change () Addition FIELD, MAUREEN Name: Name: 4505 NW 72 AVENUE Address: Address: City-St-Zip: MIAMI, FL 33166 US City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: FIELD, PETER Name:

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.

Address:

City-St-Zip:

SIGNATURE: MAUREEN FIELD MGR 04/21/2006