

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000015495

FILED
Apr 30, 2008
Secretary of State

Entity Name: CLEVER- RING AMERICAS, "LLC "

Current Principal Place of Business:

4535 NW 72ND AVENUE
MIAMI, FL 33166 US

New Principal Place of Business:

9493 NW 49 DORAL LN
MIAMI, FL 33178 US

Current Mailing Address:

4535 NW 72ND AVENUE
MIAMI, FL 33166 US

New Mailing Address:

PO BOX 668020
MIAMI, FL 33166 US

FEI Number: 20-0875144

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FIELD, MAUREEN MGR
4535 NW 72 AVENUE
MIAMI, FL 33166 US

Name and Address of New Registered Agent:

FIELD, MAUREEN MGR
9493 NW 49 DORAL LN
MIAMI, FL 33178 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: MAUREEN FIELD

04/30/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BRANTSCHEN, NICOLAS
Address: 4535 NW 72 AVENUE
City-St-Zip: MIAMI, FL 33166 US

Title: MGR () Delete
Name: BRANTSCHEN, ROBERTA
Address: 4535 NW 72 AVENUE
City-St-Zip: MIAMI, FL 33166 US

Title: MGR () Delete
Name: FIELD, MAUREEN
Address: 4535 NW 72 AVENUE
City-St-Zip: MIAMI, FL 33166 US

Title: MGR () Delete
Name: FIELD, PETER
Address: 4535 NW 72 AVENUE
City-St-Zip: MIAMI, FL 33166 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BRANTSCHEN, NICOLAS
Address: 9493 NW 49 DORAL LN
City-St-Zip: MIAMI, FL 33178 US

Title: MGR (X) Change () Addition
Name: BRANTSCHEN, ROBERTA
Address: 9493 NW 49 DORAL LN
City-St-Zip: MIAMI, FL 33178 US

Title: MGR (X) Change () Addition
Name: FIELD, MAUREEN
Address: 9493 NW 49 DORAL LN
City-St-Zip: MIAMI, FL 33178 US

Title: MGR (X) Change () Addition
Name: FIELD, PETER
Address: 9493 NW 49 DORAL LN
City-St-Zip: MIAMI, FL 33178 US

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: MAUREEN FIELD

MGR

04/30/2008

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