

**2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L04000035503

**FILED**  
**Sep 17, 2007**  
**Secretary of State****Entity Name:** NORTH AMERICAN TRANSPORT SERVICES. LLC**Current Principal Place of Business:**11400 NW 32 AVENUE  
MIAMI, FL 33167**New Principal Place of Business:****Current Mailing Address:**11400 NW 32 AVENUE  
MIAMI, FL 33167**New Mailing Address:****FEI Number:** 20-1287153**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**FONTANILLS, LINCOLN  
11400 NW 32 AVENUE  
MIAMI, FL 33167 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/MANAGERS:**

Title: MGR ( ) Delete  
Name: FONTANILLLS, LINCOLN  
Address: 9350 WEST BAY HARBOR DRIVE, 4B  
City-St-Zip: BAY HARBOR ISLANDS, FL 33154

Title: MGR ( ) Delete  
Name: DIAZ, DAMIAN  
Address: 9350 WEST BAY HARBOR DRIVE, 4B  
City-St-Zip: BAY HARBOR ISLANDS, FL 33154

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: FONTANILLLS, LINCOLN  
Address: 11400 NW 32 AVENUE  
City-St-Zip: MIAMI, FL 33167

Title: MGR (X) Change ( ) Addition  
Name: DIAZ, DAMIAN  
Address: 11400 NW 32 AVENUE  
City-St-Zip: MIAMI, FL 33167

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: LINCOLN FONTANILLS

MGR

09/17/2007

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