.2096 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State
04-04-2006 90009 007 ****50.00

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1. Entity Name
HAWK GPS SERVICES LLC

Principal Place of Business	Mailing Address
6161 BLUE LAGOON SUITE 330 MIAMI, FL 33126 US	6161 BLUE LAGOON SUITE 330 MIAMI, FL 33126 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

03222006 Chg-LLC CR2E083 (11/05)

4. FEI Number: 06-1728457 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SANTOS, JOSE A JR.
220 ALHAMBRA CIRCLE
SUITE 350
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] 03-30-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR CLABENER, DARIO OWNER 6161 BLUE LAGOON DRIVE MIAMI, FL 33126	☒ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR GARRI, RICARDO M CEO 6161 BLUE LAGOON DRIVE MIAMI, FL 33126	☒ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

10. ADDITIONS/CHANGES

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MEMBER ~~PRESIDENT~~ CLEBANER, DARIO 6161 BLUE LAGOON DR # 330 MIAMI FL 33126	☒ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MEMBER ~~VICE-PRESIDENT~~ LEVY, ANAMARIA ~~JUDITH~~ 6161 BLUE LAGOON DR # 330 MIAMI, FL 33126	☐ Change	☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change	☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #