2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

9/7/2005-90003-007-$55.00-$55.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 SEP 28 AM 9:04

DOCUMENT # L04000038741

1. Entity Name
PATH FINDER PROCESSING CENTER LLC

Principal Place of Business	Mailing Address
633 N.E. 167 ST #1001 NORTH MIAMI BEACH, FL 33162	633 N.E. 167 ST #1001 NORTH MIAMI BEACH, FL 33162

05062005 Chg-LLC CR2E083 (10/03)

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

4. FEI Number 200116277 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JOHNSON, DENESE 2701 SW 16TH ST FT. LAUDERDALE, FL 33312	Name Denese Johnson Street Address (P.O. Box Number is Not Acceptable) 1320 Miami Rd, #4 City Ft Lauderdale FL Zip Code 33316

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, 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 September 7, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JOHNSON, DENESE 633 N.E. 167 ST #1001 NORTH MIAMI BEACH, FL 33162	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CASSEUS, MONIQUE 731 N.E. 170 ST. NORTH MIAMI BEACH, FL 33162	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 2005	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	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 exemption stated in Section 119.07(3)(i), 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: Denese Johnson Mgr Denese Johnson 9/2/05 305-999-9688
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #