

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000055266

FILED  
Jun 06, 2005  
Secretary of State

Entity Name: STRONGER SOLUTIONS, LLC

## Current Principal Place of Business:

609 ESPANOLA WAY, STE 6  
MIAMI BEACH, FL 33139

## New Principal Place of Business:

2655 LEJEUNE RD  
405  
CORAL GABLES, FL 33134

## Current Mailing Address:

609 ESPANOLA WAY, STE 6  
MIAMI BEACH, FL 33139

## New Mailing Address:

2655 LEJEUNE RD  
405  
CORAL GABLES, FL 33134

FEI Number: 20-1420214      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

ALFANO, ALEXANDER J  
2655 LE JEUNE RD, STE 203  
CORAL GABLES, FL 33134      US

## Name and Address of New Registered Agent:

MAUREIRA, XIMENA M  
1334 WASHINGTON AVE.  
206  
MIAMI BEACH, FL 33139      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: XIMENA MAUREIRA

06/06/2005

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGR      ( ) Delete  
Name: MAUREIRA, XIMENA  
Address: 609 ESPANOLA WAY, STE 6  
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGR      ( ) Delete  
Name: GERLACH, GUNTHER  
Address: 609 ESPANOLA WAY, STE 6  
City-St-Zip: MIAMI BEACH, FL 33139

## ADDITIONS/CHANGES:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: XIMENA MAUREIRA

MGR

06/06/2005

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