

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000063085

Entity Name: FTAA FILING SERVICES, LLC

FILED
Apr 10, 2006
Secretary of State

Current Principal Place of Business:

1920 LAKESHORE DR.
WESTON, FL 33326

New Principal Place of Business:

Current Mailing Address:

8930 STATE RD. 84
289
DAVIE, FL 33324

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FTAA CONSULTING, INC
8930 STATE RD. 84
289
DAVIE, FL 33324 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: FORSTER, KATRIN D
Address: 9430 LIVE OAK PL. # 408
City-St-Zip: DAVIE, FL 33324

Title: MGR () Delete
Name: CASTILLO-TRIANA, RAFAEL G
Address: 1920 LAKESHORE DR.
City-St-Zip: WESTON, FL 33326

Title: MGR () Delete
Name: FTAA CONSULTING, INC,
Address: 8930 STATE RD. 84 3 289
City-St-Zip: DAVIE, FL 33324

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: FORSTER, KATRIN D
Address: 9713 N NEW RIVER CANAL RD. #303
City-St-Zip: PLANTATION, FL 33324

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 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: KATRIN D. FORSTER

CFO

04/10/2006

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