

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED  
Mar 18, 2005  
Secretary of State

DOCUMENT# L04000070751

Entity Name: SALES - BUY TOUCH, LLC

**Current Principal Place of Business:**

2588 SW 27TH AVE.  
MIAMI, FL 33133

**New Principal Place of Business:**

2121 PONCE DE LEON BLVD  
1050  
CORAL GABLES, FL 33134

**Current Mailing Address:**

2588 SW 27TH AVE.  
MIAMI, FL 33133

**New Mailing Address:**

2121 PONCE DE LEON BLVD  
1050  
CORAL GABLES, FL 33134

FEI Number: 20-1702792

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CONSULTING SERVICES OF SOUTH FLORIDA, INC.  
2588 SW 27TH AVE.  
MIAMI, FL 33133 US

**Name and Address of New Registered Agent:**

CONSULTING SERVICES OF SOUTH FLORIDA, INC.  
2121 PONCE DE LEON BLVD  
1050  
CORAL GABLES, FL 33134 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: ANTONIO GARCIA

03/18/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: QUIROZ, MANUEL J  
Address: PESTALOZZI NO. 858 COL. NARAVARTE C.P.  
City-St-Zip: MEXICO,

Title: MGRM ( ) Delete  
Name: LLANOS, JUAN C  
Address: PESTALOZZI NO. 858 COL. NARAVARTE C.P.  
City-St-Zip: MEXICO,

Title: MGRM ( ) Delete  
Name: LLANOS, JOSE E  
Address: PESTALOZZI NO. 858 COL. NARAVARTE C.P.  
City-St-Zip: MEXICO,

Title: MGRM ( ) Delete  
Name: SANCHEZ, PIERRE A  
Address: PESTALOZZI NO. 858 COL. NARAVARTE C.P.  
City-St-Zip: MEXICO,

Title: MGRM ( ) Delete  
Name: SHEHIN, JUAN  
Address: 6767 COLLINS AVE. UNIT #703  
City-St-Zip: MIAMI BEACH, FL 33141

**ADDITIONS/CHANGES:**

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

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

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

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: MANUEL J. QUIROZ

MGRM

03/18/2005

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