

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000070751

FILED  
Apr 21, 2009  
Secretary of State

Entity Name: SALES - BUY TOUCH, LLC

**Current Principal Place of Business:**

2121 PONCE DE LEON BLVD  
1050  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

2121 PONCE DE LEON BLVD  
1050  
CORAL GABLES, FL 33134

**New Mailing Address:**

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.  
2121 PONCE DE LEON BLVD  
1050  
CORAL GABLES, FL 33134 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: 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 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: MANUEL J QUIROZ

MGRM

04/21/2009

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