2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000092591

1. Entity Name

SOFTWARE REGULATORY SERVICES LLC



FILED Apr 23, 2007 08:00 AM Secretary of State

Principal Place of Business

580 S.W. 124 AVENUE MIAMI, FL 33184 Mailing Address

P.O. BOX 940607 MIAMI, FL 33194-0607



04202007 No Chg-LLC

CR2E083 (11/05)

OI WRITE IN THIS SPACE	4. FEI Number 22-3905035		Applied For Not Applicable
	5. Certificate of Status Desired		\$5.00 Additional

5. Name and Address of Current Registered Agent

CASTRO, ORLANDO F 580 S.W. 124 AVENUE MIAMI, FL 33184

DO NOT WRITE IN THIS SPACE

the obligations of registered agent.				
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent argnature required when rematating)	DATE	
Filing Fee Is \$50.00 Due by May 1, 2007				
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CASTRO, ORLANDO F 580 S.W. 124 AVENUE MIAMI, FL 33184			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	• ••		U00000724492 05/02/07-80111-024 50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN .	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
NAME STREET ADDRESS CITY-S1-ZIP				

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: CALCALOR V CAS

OR AUTHORIZED REPRESENTATIVE

Phil 20,2007

30S 9186837

Daytime Phone