

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90038 038 ****50.00

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|--|---|---------------------------------|---|--|---|
| DOCUMENT # L05000004152 1. Entity Name LATIN AMERICAN EQUIPMENT SALES, LLC | | | | | |
| Principal Place of Business 520 BRICKELL KEY DRIVE, SUITE 0-305 MIAMI, FL 33131 | | | Mailing Address 520 BRICKELL KEY DRIVE, SUITE 0-305 MIAMI, FL 33131 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| Country | | Country | | 4. FEI Number <div style="font-size: 1.2em; font-family: cursive;">20-2384313</div> | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent TRANSGLOBAL CORPORATE ADMINISTRATION, INC. 520 BRICKELL KEY DRIVE, SUITE 0-305 MIAMI, FL 33131 | | | | 7. Name and Address of New Registered Agent Name <i>Transglobal Corporate Administration LLC</i> Street Address (P.O. Box Numbers Not Acceptable) <i>520 Brickell Key Dr. Ste 0-304</i> City <i>Miami</i> FL <i>33131</i> | |
| 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 the obligations of registered agent. | | | | | |
| SIGNATURE <i>[Signature]</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | DATE <i>04/20/06</i> | |
| Filing Fee is \$50.00 Due by May 1, 2006 | | | Make check payable to Florida Department of State | | |
| 9. MANAGING MEMBERS/MANAGERS | | | | 10. ADDITIONS/CHANGES | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR THIELMANN, WILHELM 520 BRICKELL KEY DRIVE, SUITE 0-305 MIAMI, FL 33131 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR RODRIGUEZ, ALBERTO 520 BRICKELL KEY DRIVE, SUITE 0-305 MIAMI, FL 33131 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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: <i>[Signature]</i> <i>WILHELM THIELMANN</i> | | | | Date <i>13.2.06</i> 305-374-3800 | |