

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90052 026 ****50.00

DOCUMENT # L05000035625	
1. Entity Name NATIONWIDE CARRIER SERVICES, LLC	

Principal Place of Business 7204 FAIRWAY DR. I-26 MIAMI LAKES, FL 33014	Mailing Address 7204 FAIRWAY DR. I-26 MIAMI LAKES, FL 33014
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2. Principal Place of Business 7634 NW 116 PL	3. Mailing Address SAME AS ABOVE
Suite, Apt. #, etc. N/A	Suite, Apt. #, etc. SAME
City & State Doral - Florida	City & State SAME
Zip 33178	Country MICHIGAN
Zip 33178	Country SAME



04252006 Chg-LLC CR2E083 (11/05)

4. FEI Number 83-0426999	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	
RUIZ, L. ANDRES 7204 FAIRWAY DR. I-26 MIAMI LAKES, FL 33014	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR RUIZ, L. ANDRES 7204 FAIRWAY DR. I-26 MIAMI LAKES, FL 33014 <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 LEPEZ, MANRICIO 7204 FAIRWAY DR. I-26 MIAMI LAKES, FL 33014 <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	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:  L. ANDRES RUIZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE
Date: 4-24-06
Daytime Phone #: 305 219 6526