2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

Secretary of State DOCUMENT # L05000050511 02-16-2006 90142 014 ****55.00 HELM SYSTEMS, LLC Principal Place of Business Mailing Address 4688 NW 114TH AVE., #107 4688 NW 114TH AVE., #107 MIAMI, FL 33178 MIAMI, FL 33178 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. 01142006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For 20-287 Not Applicable Zip Country Zio Country \$5.00 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ARISTA, EDUARDO R ESQ Street Address (P.O. Box Number is Not Acceptable) 515 GABLES INTERNATIONAL PLAZA 2655 S LE JEUNE RD CORAL GABLES, FL 33134 City 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) Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES RILE MGRM Delete DUE ☐ Change NAME NAME Myron MORTAKIS STREET ADDRESS STREET ADDRESS 4688 NW 114TH AVE, \$107, MIAMI, & 33178 CITY-ST-ZIP CITY-ST-ZIP ☐ Change RILE Delete ntle MGRM NAME NAME GEORGIOS MORTAKIS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 4688 MV 114TH AVE #107 MIAN/ FL 33178 TITLE Delete ☐ Change TIBE ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP nns Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Deteta DDE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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.

GEORGIOS

MGRM

SIGNATURE

FILED

Feb 16, 2006 8:00 am

786-239-093