

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000056257

FILED
Jan 18, 2006
Secretary of State

Entity Name: UNITED FINANCIAL INTERNATIONAL CONSULTANTS GROUP LLC

Current Principal Place of Business:

7700 N KENDALL DRIVE
SUITE 809
MIAMI, FL 33156

New Principal Place of Business:

7700 N KENDALL DRIVE
SUITE 808
MIAMI, FL 33156

Current Mailing Address:

7700 N KENDALL DRIVE
SUITE 809
MIAMI, FL 33156

New Mailing Address:

7700 N KENDALL DRIVE
SUITE 808
MIAMI, FL 33156

FEI Number: 20-2967744

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SALAZAR, GERMAN A
7700 N KENDALL DRIVE
SUITE 809
MIAMI, FL 33156 US

Name and Address of New Registered Agent:

SALAZAR, GERMAN A
7700 N KENDALL DRIVE
SUITE 808
MIAMI, FL 33156 US

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: GERMAN A. SALAZAR

01/18/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CORA, ALI NAZMI
Address: 8306 MILLS DRIVE, #325
City-St-Zip: MIAMI, FL 33183

Title: MGR () Delete
Name: CORA, HAKAN
Address: 8306 MILLS DRIVE, #325
City-St-Zip: MIAMI, FL 33183

ADDITIONS/CHANGES:

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 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: HAKAN CORA

MGR

01/18/2006

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