

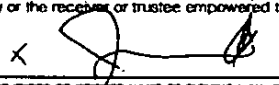
2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

8/30/2006-90034-020-\$50.00-\$50.00

FILED

SECRETARY OF STATE
DIVISION OF CORPORATIONS

SEP 14 AM 10:04

DOCUMENT # L05000064878 1. Entity Name CHOICE CARD SOLUTIONS, LLC					
Principal Place of Business 4211 MONSERRATE STREET CORAL GABLES, FL 33146				Mailing Address 4211 MONSERRATE STREET CORAL GABLES, FL 33146	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 08162006 Chg-LLC CR2E083 (11/05)	
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 03-0565434				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent LOMONSOFF, JAMES M 4211 MONSERRATE STREET CORAL GABLES, FL 33146				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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)					
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JAMES LOMONSOFF ☐ Delete 4211 MONSERRATE STREET CORAL GABLES, FL 33146		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chief Executive Officer ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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:  James M. Lomonsoff			Date 8/28/06 Daytime Phone # 305-666-7019		